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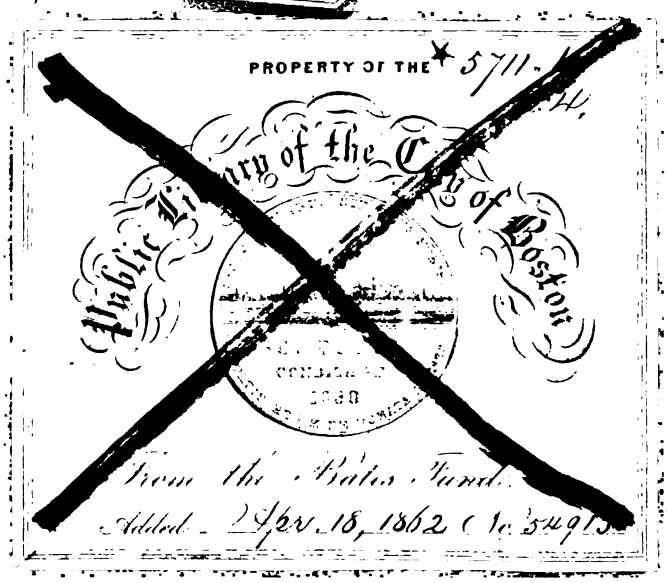

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THE

MEDICAL TIMES.

A JOURNAL

OF

ENGLISH AND FOREIGN MEDICINE

AND

MISCELLANY OF MEDICAL AFFAIRS.

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M.DCCC.XLI.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

DR. KNOX, THE GREAT TEACHER OF ANATOMY IN SCOTLAND.

We cannot permit Dr. Knox to expatriate himself under the ruthless circumstances of the times, without conveying our sentiments of the loss which Anatomical, Physiological Science, and Comparative Anatomy, will sustain in this country. He is a pre-eminently able and indefatigable anatomist; he has done more for his pupils than any other man, even under those evils which arose from circumstances previously to the Anatomy Act, when subjects were not to be had, and when had, in the worst state. He encouraged the industry of the tyro, not as Professor Monro and many others did, but by setting the example of industry *himself*. He directed his attention to merit only in his class, and showed no sort of preference to any kind of false partisans, and designing flatterers; he attended to no private influence and no recommendations of any kind; he likewise took care to set his mark upon the IDLE and IGNORANT, who are the most contemptible scamps in every medical class. As the saints phrase it, "he was instant in season and out of season." He was an enthusiast in his science, a systematist in his occupations; he made use, during the scarcity and dearness of subjects, of every auxiliary means of plates, his museum, and constant attendance in the dissecting room, at that time could supply to make up for inevitable deficiencies. Did other teachers do the same? No! at Monro's and Mackenzie's rooms subjects were from thirteen to twenty guineas each, a price far above the means of nine students out of ten. But in justice to Mr. Mackenzie, it must be said that his pupils gave him the character of being a sound anatomist, and plain, useful, practical, and clear demonstrator; but we hear he has relaxed in his attention to his duties.—At the time to which we allude, 1827-8-9, there was a total destruction of the primary and indispensable resources for affording a sound medical education at Edinburgh, comparatively with other superior schools, as Dublin for instance, which renders it usually impossible that a student can be properly master of even the alphabet of his profession.—Dr. Knox and Mr. Liston rose, the one as anatomist, and the other as operative surgeon, above all other competitors, by exclusive attention to ONE science, proving, as Pope says, that ONE science is "enough for ONE MAN ALONE!" He was coldly regarded by some of the professors, and by others as an innovator, and probably from those feelings of envy and jealousy, which are so notoriously characteristic of the MEDICI FAMILY. "You shall know best," says Swift, "a man of genius and talent by this sign, that all the fools are against him." A little more circumspection in private respects, which have nothing to do with his public character, might have dulled the points of many hostile arrows. But no man ever retorted on the enemy who was more "skilful of fence," or hit closer to the bone.—In many respects, in his genius and talents, and care of students, he resembled Macartney; but greater age and experience had given Macartney more judgment, originality, and variety in anatomical science. But the great anatomist of Trinity College was not so wise in discriminating the characters of students.—We have a great mass of superfluous consumers, who are no producers in return, who are condemned in these times to "starve, and rot, and freeze," as Fielding says, "among themselves," whom the mother country can very well spare for the colonies; but we think a man of genius and science, who is of superior clay to common men, and of superior use to his country, will not only be a loss to that country, but will find the monotony of a herdsman's life for GOLD intolerable, after the excitement and mental enjoyment of a great teacher's. PUBLICOLA.

March 29, 1841.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 13th March, 1841:—

Epidemic, endemic, and contagious diseases	152
Diseases of the brain, nerves, and senses	164
Diseases of the lungs, and other organs of respiration	322
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	18
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	1
Diseases of uncertain seat	119
Old age, or natural decay	81
Violent deaths	28
Causes not specified	3
Deaths from all causes	990

MEDICAL NEWS.—Mr. Syme, of Edinburgh, has had £20,000 left him.—It is Dr. David Munro, the Lecturer on Anatomy to the Artists, not the son of the Professor, as stated in *Medical Times*, March 20th, that is gone to Australia. As for the state of the medical profession in Scotland, as in most other places, it is nothing to boast of. Another of the clinical clerks is dying of fever; he will be the third this winter. The extreme poverty of the people in Scotland has carried pestilential fever everywhere. The poor population of Scotland have but 2s. 6d. a head per week to live upon!!! The amiable and philosophical Professor Alison has called attention to this in an excellent statistical pamphlet, entitled, 'On the Management of the Poor in Scotland,' in which he says they relieve one another chiefly in their miseries, and tells the rich, that "all of them have a *bad* seed in their hearts," and care nothing for the poor. This has excited much wrath among the rich. Three editions have been sold in a short time.—*From our Edinburgh Correspondent.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

HERNIA, CONTINUED AND CONCLUDED.—TREATMENT AFTER THE OPERATION FOR STRANGULATED HERNIA.—CRURAL OR FEMORAL HERNIA.—OPERATION FOR STRANGULATED DITTO.—UMBILICAL HERNIA.—TREATMENT AND OPERATION FOR STRANGULATED DITTO.—VENTRAL HERNIA.—UNCOMMON HERNIÆ.

After performing the operation for strangulated hernia, you will have the patient put to bed, and wait for a certain time in order to see whether the removal of the obstruction will lead to an evacuation of the alimentary canal. You will wait perhaps two, three, or four hours for this purpose; and inasmuch as patients, before the operation is performed, have frequently taken a considerable quantity of active purgative medicine, it will not uncommonly happen that the bowels will be relieved without the administration of any other aperient. If, however, in the course of about three or four hours after the operation, no evacuation should take place, it will be proper to administer opening medicines, for of course it is a matter of the first importance to get the alimentary canal unloaded, especially that part which is situated above the stricture, and which, in fatal cases, we find to be extremely distended and greatly loaded. For this purpose the best mode of proceeding is to administer some mild aperient in moderate doses, repeated at short intervals until the desired effect is produced. Sulphate of magnesia in drachm doses dissolved in distilled water, mint-water, or something of that kind, will answer the purpose very well; and such a dose may be administered every hour until the bowels are relieved. If the patient should be sick, if what he takes is speedily rejected from the stomach, you may add a few drops of *tinctura opii* to it. You may find it necessary to administer medicine of a more active kind; under such circumstances calomel with the extract of colocynth forms a proper combination. You may give the sulphate of magnesia in the form of an effervescing draught; that is, you may dissolve the carbonate of potassa in the infusion of senna, you may put the required dose of the sulphate of magnesia in the mixture, and take that while the effervescence is produced by adding a little lemon-juice to it. That is a form which agrees well with the stomach when it is irritable, You may also advantageously relieve the alimentary canal in these cases, by means of injections, particularly if sickness be produced; you may throw up a common injection, or you may throw up one of gruel containing a certain quantity of the infusion of senna, and this promotes the action of the bowels. It is an object of urgent importance to get the alimentary canal freely evacuated and you should not be satisfied on this point till you have produced several free evacuations; you cannot until then deem the patient out of danger and, generally speaking, you will find those cases do best where they are speedily induced. You will be surprised in some instances to see the quantity of matter that is discharged from the bowels after the operation for strangulated hernia.—The great danger to the patient after this operation is in the occurrence of inflammation of the peritoneum. The truth is, that in many instances, at the time you perform it, this membrane is already inflamed; the pressure of the stricture on the protruded bowel has produced inflammation of that part, and this has extended to the rest of the abdominal cavity; the distention of the alimentary canal above the seat of the stricture has added to that inflammation; previous to the op-

ration you have had pain, tension, together with other circumstances, obviously indicating the existence of inflammation in the serous membrane of the abdomen, and the operation itself, in which you make an incision through that serous membrane, must be expected to aggravate this inflammation. You may, therefore, reasonably expect that active inflammation of the peritoneum—peritonitis, will follow the operation for strangulated hernia. You will find that pain arises in the situation of the wound, extends over the abdomen, which becomes tense, that the patient has a quick, hard, and small pulse; that there will be sickness, and the general symptoms which indicate inflammation of the peritoneum.—For such symptoms you must, of course, immediately adopt an antiphlogistic treatment. Although the pulse may be small, you must bleed freely from the arm, and you will find that it will become stronger and fuller after the evacuation, which you must repeat if the symptoms should continue. You may find it necessary, after you have bled freely from the arm, to put a large quantity of leeches, perhaps three, four, five or six dozen over the surface of the abdomen, in order to cause a considerable loss of blood. These are the measures you must have recourse to, where the symptoms indicate the existence of inflammation of the peritoneum; at the same time you may freely administer calomel, which will be advantageous by its operation as a purgative, and which will have the further advantage of checking in some measure directly the progress of the inflammation. After this operation, patients may frequently have pain in the abdomen: without the occurrence of any other symptoms indicating inflammation there. It is not, therefore, in all instances in which the patient feels pain of the abdomen, that you will find it necessary to have recourse to the active dejection which I have now mentioned. If the bowels should have been evacuated, and the abdomen should not be tense, it may be sufficient to use fomentations, which, under such circumstances, often afford great relief. When the wound is healed, and when you consider the patient to have recovered from the effects of the operation, you must apply a truss before you allow him to go about and resume his ordinary occupations. The effect of the operation is not to produce a radical cure, on the contrary, the opening through which the parts are protruded is necessarily enlarged, in order to allow of their being returned. There is a greater probability, therefore, that the protrusion will recur after the operation, and in order to obviate this, you must have a truss applied before the patient gets up.—In those instances where mortification has taken place,—where, as I have already described to you, the contents of the bowels are discharged in the situation of the hernia, you must assist in the progress of recovery (where nature seems to make an effort for restoring the natural course of the alimentary matters) by the administration of mild aperient medicine in the form of clysters. When all symptoms of an inflammatory kind have disappeared, more particularly if there seems to be any disposition to the discharge of the contents of the bowels by the anus, you should administer clysters daily in order to aid that disposition; and you will find, under such circumstances, that the contents of the bowels will be determined towards the anus, and will come in smaller quantity through the wound.

Crural, or Femoral, Hernia.—When the protrusion takes place under the crural arch, the hernial tumour presents itself at the anterior part of the bend of the thigh, and this is called *crural*, or *femoral*, hernia. In this case the bowels are protruded under the interior edge of the tendon of the obliquus externus, which is also called the crural arch. That portion which is here represented, is a kind of ligament extending from the anterior superior spine of the ilium to the angle of the pubis. Under this tendon, the psoas magnus and iliacus internus muscles, and the femoral vessels, pass from the pelvis to the thigh, so that this large space which appears empty in the dried specimen of the pelvis (as you now see) is almost completely filled up by the parts which I have just mentioned. There is, however, a small opening left between the femoral vein and the edge of the ligament which constitutes this arch, near to the angle of the pubis; and it is just at the lower or anterior part through the space, which you observe left open in this specimen, that the protrusion occurs which is called femoral or crural rupture. Now, in this preparation you see the precise situation very clearly pointed out. This is the anterior part of the pubis; here are the two recti-abdominis muscles; this is the crural arch, and these are the femoral vessels under it; just on the inner side of the vein, on each side, there is a small femoral sac—the sac of a femoral hernia; it is between the femoral vein and the bend of the tendon that constitutes this arch. Now this is the situation in which we always find the mouth of the sac in crural hernia. Although when you look at the dried pelvis, there seems so large a space you might fancy the parts would be protruded in almost any situation here, you find when you come to examine the parts in the recent state, that all the rest of the space is so filled up, that there is no opportunity afforded for protrusion, except in the particular situation I have just mentioned, and, in fact, I have never seen it in any other situation. The tendon at this part forms a very thin sharp margin, extending from the angle of the pubis along the ridge of bone for the space of about half or three-quarters of an inch, and that thin sharp portion has been sometimes called *Gimbernat's ligament*; therefore the mouth of the sac is situated between the femoral vein on the outside, and this thin edge of Gimbernat's ligament on the inside. These are the lateral boundaries of the mouth of the sac; behind, it is bounded by the portion of bone on which it lies, the horizontal branch of the pubis. The space that is left in this situation for the protrusion of the viscera is very small, so that the neck of the sac in femoral hernia is generally small also. The spermatic chord, in the male subject, runs directly over the mouth of the sac; it is situated obliquely above it, while the epigastric artery takes its course along the outer side. This is the artery in this specimen, and you observe that it lies at the neck of the sac, in the same situation in which it is seen in direct inguinal hernia, viz., at the outer side of it. The spermatic chord runs in the inguinal canal over the mouth of the sac, so that it is situated directly as I now place this instrument, except that it is covered by the obliquus externus. The chord lies above, but very near to the crural arch, and if you were to cut through this, you would immediately come to it. This is a specimen of crural hernia, containing intestine, as well as a portion of reflected omentum. This is the hernia as you see it externally; on looking on the inside, you observe the mouth of the sac and the artery running close at its outer side.—The viscera are protruded in the situation which I have just mentioned, on the inner side of the femoral vein, and under the edge of the crural arch; they push before them a dense cellular covering, which is found in that situation, and which thus forms a covering to the sac. It is a thick and very regular investment, completely enclosing the sac, and was first pointed out and named by Sir Astley Cooper in his work on hernia, where he called it the *fascia propria*. When you come to dissect a tumour of this kind, you meet with a smooth dense covering, which you might suppose to be the hernial sac containing the viscera; but you find, on cutting through it, that these are not exposed, and that, in fact, you have still to cut through the *proper* peritoneal sac, after having divided this covering. This is a specimen exhibiting these coverings; this is the peritoneal sac which is turned back and pushed towards the cavity of the abdomen, and this is the fascia propria.—The swelling of a femoral hernia is situated at the lower and anterior part of the bend of the thigh. As the protrusion takes place under the crural arch, you might perhaps expect to find the tumour there; but you will remember, that the parts on being pushed down in that direction, cannot descend towards the thigh, the movements of which naturally tend to throw them upwards towards the abdomen. The tumour, therefore, instead of being situated below the crural arch, lies in front of it, and is situated higher up in the abdomen than you would expect to find it. The thigh and the prominence of the abdomen, both of them prevent the tumour from extending either downwards or upwards, so that it can only extend in the direction of the bend of the thigh. Thus it generally assumes an oblong shape, the long axis being parallel to the bend of the thigh; and inasmuch as the cellular membrane in this situation is dense, and resists the increase of the tumour, it is usually small in size. This represents to you the kind of elongated shape which the femoral hernia generally assumes; it is here somewhat of an oval shape, and the long axis corresponds to the bend of the thigh.—It really is sometimes difficult to distinguish whether a tumour in this situation be a crural or an inguinal hernia, more particularly in females, where there is a good deal of fat surrounding the swelling, and where the bony parts which might indicate the exact anatomy, of the parts are concealed by the same cause. You find it necessary to draw the tumour downwards towards the thigh in making your examination, and then, perhaps, you can trace the course of the crural arch above its neck. If the tumour does not admit of being thus drawn down, you will probably see reason to consider it as an inguinal rupture; but in many instances, the distinction is by no means so easy as you would suppose, especially in females. The position of the crural arch, and the power of tracing the edge of the tendon, from the anterior superior spine of the ilium down to the pubis, and the relation it bears to the sac, are the points of principal importance in forming your diagnosis.—Femoral hernia, I should observe to you, occurs much more frequently in the female than in the male. The surface between the spine of the ilium and the angle of the pubis is considerably larger in the former than in the latter, the transverse measurement of the pelvis is more considerable; there is, therefore, more space for the parts to be protruded through, and thus femoral hernia is most common in the female, while inguinal hernia occurs most frequently in the male, for the opening through which the spermatic chord descends is necessarily larger than that through which the round ligament of the uterus passes in the female. Crural rupture may, however, occur in the male as well as in the female. I am only speaking to you now of the comparative frequency of the two kinds of rupture in the two sexes.—The tumour is generally small in the case of crural hernia, not larger than that which would be produced by an enlargement of the absorbent glands of the groin; the situation therefore, the size of the tumour, and even the apparent consistence of it, are in the two cases almost exactly alike; and really a very considerable difficulty is occasionally experienced in forming a satisfactory diagnosis; this difficulty may be more particularly experienced, where it becomes a question, whether the contents of the rupture are strangulated or not. I have seen more than one instance where a surgeon, and one of considerable experience, has mistaken a strangulated femoral hernia for an inflamed and enlarged gland, and has from such a mistake neglected to perform the operation. In a case where ambiguity exists, you should of course examine very minutely into the symptoms, inquire how long the swelling had existed, the circumstances under which it formed, and so forth; you should also inquire minutely into the state of the patient's health previously, more particularly as regarded the performance of the functions of the alimentary canal, and you will generally find that a careful attention to these points will enable you to determine pretty clearly whether the swelling be a rupture, or depend on inflammation of the glands. But supposing the circumstances to be so obscure that you cannot make up your mind as to the nature of the case, it will at all events be safest to make an opening, to cut down and find out the nature of the tumour; because if it be a glandular tumour, the incision cannot be productive of much inconvenience, while neglecting to do the operation would probably be fatal, if the tumour turned out to be hernial. The truss for a femoral hernia, is nearly similar in its shape and form to that which is used for inguinal hernia, the openings to be compressed in the two cases being very near to each other.—*Operation:* In the operation for strangulated femoral hernia, the principal difficulty experienced, arises from the small-

and is an opening through which the viscera are protruded, and the consequent tightness of the stricture to be divided. In the case of inguinal hernia, the aperture through which the viscera are protruded admits of considerable enlargement, so that frequently three fingers can be introduced into the inguinal canal, but the sides of the opening through which the femoral comes do not admit of a similar enlargement. The space is very small, and as it is bounded by the bone on the one side, and unyielding tendon for two-thirds of its space on the other, it is always very narrow, and generally surrounds the protruded parts so closely, that even a director cannot be introduced into it; sometimes you can only pass in the end of a probe, and you find that the parts appear to be as tightly confined as if you had tied a packthread firmly round them. Indeed, the thin edge of Gimbernat's ligament presses so strongly on the hernia, that not uncommonly it makes one of those deep impressions.—I have already described what leads to an ulceration of the internal and middle, and sometimes even of the peritoneal coat of the intestine, that impression taking place opposite to the sharp edge of Gimbernat's ligament, and not on the rest of the sac.—The stricture in femoral hernia is (generally if not always) produced by the thin sharp edge of Gimbernat's ligament; it is therefore found on the inner side of the sac; and there the division is to be made. This is most effectually accomplished by carrying the bistoury inwards in a direction parallel to the bone; that is, by passing a director on the inside of the protruded parts, and cutting directly towards the pubis. The difficulty which is experienced in doing this, arises partly from the very close way in which the stricture embraces the protruded viscera, and partly from the depth at which the stricture is seated, so that you have to divide it in a part that is quite out of sight. You must trust entirely to your feeling; you cannot see the operation you are performing, and you will therefore have the intestine carefully held aside by an assistant, and perhaps have the handle of a knife placed against it so as to prevent all possibility of wounding it by the curved bistoury which you introduce. I showed you in the last lecture, that the knife is to be introduced under the stricture, so far as to bring the cutting edge against the tendon, which is to be cut very carefully, the fibres of it being successively divided. A very small division of a quarter of an inch will be sufficient in this case to liberate the parts, and to allow of their return into the abdomen; and the stricture may be divided in this way, without at all endangering even the main portion of the crural arch—you may divide as much as a quarter of an inch without at all separating the attachment of the arch to the pubis. I have one or two preparations here in which the stricture has been divided in the operation. Here is a specimen of the kind; this is a femoral hernia; this is the mouth of the sac as seen in the abdomen; and this is a portion of the crural arch which was divided in the operation. Here is another specimen of a similar kind.

The situation of the spermatic chord, which lies directly over the mouth of the sac, in front, renders it expedient not to divide the stricture directly upwards, if you are operating on a male subject; but this same objection does not exist in females. The position of the epigastric artery on the outer side of the mouth of the sac, renders it of course quite out of the question to think of dividing the stricture upwards and outwards, that is, towards the superior spine of the ilium; the only course, therefore, which remains to be taken, is to divide the internal portion of the stricture, carrying the division close to the bone, and in a direction towards the pubis. Even this mode of dividing a stricture is not, however, safe in all cases, for it happens, not uncommonly, that the obturator artery arises from the epigastric; and in such a case this artery might run along the inner side of the sac, the neck of which would thus be surrounded, on its outer, upper, and inner sides, by a large arterial trunk, and perhaps it would be hardly possible to escape dividing an artery, in whatever direction the incision were made; but, fortunately, in those cases in which the obturatrix artery arises from the epigastric, it usually runs on the outer side of the sac: here is one example of that kind; here is the sac; this is a common trunk, giving rise to the epigastric and to the obturator, both of which run on the outer side of the sac, so that the latter would not be endangered by dividing the stricture parallel to the bone. If the obturator had run along the inside of the sac, you would then have had the neck of it inclosed, except where it lies on the bone, by a large artery, and perhaps it would have been impossible to have escaped dividing one of them under such circumstances.—The only circumstances peculiar to the operation for strangulated femoral hernia are, this closeness of the stricture, the depth at which the stricture is situated from the surface, and the consequent difficulty attending its division; in other respects there is no material difference between the operation for strangulated femoral and that for any other strangulated hernia.—I should perhaps have mentioned, with respect to the external incision, that you do not cut in this case in the direction of the long axis of the tumour, which lies parallel to the crural arch; but you cut nearly perpendicularly, bringing the incision just over the situation in which the parts are protruded from the abdomen, and cutting perpendicularly over the swelling. Sometimes it is necessary to make the incision in the form of the letter T reversed (⊥), making the perpendicular incision in the upper part, and transverse one nearly in the direction of the long axis of the tumour. Supposing this should represent the tumour *(referring to a diagram)*, after making the incisions, you would turn up the two angles that are formed to get free access to the parts where you were to divide the stricture.

Umbilical Hernia takes place through that opening in the linea alba, which the umbilical vessels passed through in the fœtus; it is a circular opening, and the orifice of the sac therefore is of a round shape. The parts come out directly from the cavity of the abdomen, and the form of the rupture is very simple. In order to repress it, you have to apply a bandage that encircles the body, just in the horizontal direction; a bandage of that simple kind will keep the parts, if reducible, in their natural place.—Umbilical hernia is not uncommon in young subjects. Some of the viscera often protrude through the opening in the linea alba soon after birth; and from that time to the age of three or four years, it is by no means uncommon to see children with a protrusion at the navel. Sometimes this protrusion acquires a large size, and parents are of course anxious to have some means adopted for its removal. I believe it is best in these cases to be content with such means as will keep the parts in their natural situation by external pressure, and not to adopt any of the measures that have been proposed with a view to what is called the radical cure. In children, where the regular application of a bandage surrounding the body is very irksome and inconvenient, sufficient pressure can usually be made without completely surrounding the trunk. If you have some firm body placed over the opening, such as a piece of cork, or of ivory, cut so as to correspond to the opening in the linea alba, and if you confine it in that situation, after the protruded parts have been returned, by means of sticking-plaister, you will generally be able to retain them in their natural situation. If you can accomplish this for a short time, the opening in the linea alba will contract, and a radical cure will be effected. In cases of this kind, it was recommended, by Desault, to return the parts into the abdomen, and then to surround, with a ligature, that portion of skin which constituted the external tumour, and which contained the sac. This ligature was drawn tolerably tight, and it was gradually tightened in proportion as the parts yielded to its action, so that at last the hernial sac, and the integuments which covered it, went into a state of mortification, and the opening was closed by the inflammation excited in that portion of the peritoneum. In many instances this operation was performed by Desault with perfect safety; but inasmuch as it involves a considerable pressure, applied not only to the integuments, but to the serous membrane forming the hernial sac, we cannot consider it a proceeding that can be adopted indiscriminately with perfect safety. We should not be surprised if such a mode of proceeding should excite considerable inflammation, and if that inflammation should affect the contents of the abdomen suddenly! If, therefore, the other mode of proceeding, that of external pressure, will accomplish the purpose, I think it a much safer mode of treatment than the operation in question, which I believe is now hardly ever practised.

Operation.—In the case of strangulated umbilical hernia, the operation is very simple; you have to make a division along the middle of the tumour, to expose its contents, and to divide the stricture, so as to enable you to return the protruded parts. The incision may be made in the direction most convenient; there are no vessels, nor any other parts of importance, concerned, so that you may divide the stricture directly upwards or downwards, or to the other side. In general it is most convenient to divide it upwards, for the parts extend downwards, so that the opening through which they are protruded is generally found near the upper part of the tumour. Often when the swelling in umbilical hernia is of considerable magnitude, and when you might suppose that the communication with the abdomen was in the centre of it, you will find that it is situated very near the upper part. In most cases, therefore, it is convenient to make the division directly upwards. When a protrusion takes place in any other part of the linea alba than at the umbilicus, it is called a *ventral hernia*. This is a specimen of a hernial tumour on the linea alba, but not at the navel; it forms a small, round tumour; it is a ventral hernia. The same name is given to ruptures that take place in other parts of the abdomen. Should a protrusion take place at the linea semilunaris, or in any other part of the abdomen, after a wound, it is called *ventral hernia*. Such protrusions very seldom become strangulated; it is very uncommon to find it necessary to proceed to the operation in the case of ventral hernia.

Uncommon Hernia.—Now, there are some other kinds of rupture occasionally observed, but they are very rare, and many of them hardly distinguishable in the living subject. A protrusion has taken place at the aperture of the foramen ovale, through which the obturator vessels pass out. A protrusion has been known to take place through the sciatic notch. A protrusion may take place through the diaphragm—through some deficient of the diaphragm—or through the natural openings in it. There are other instances in which parts of the bowels have been strangulated by some unnatural formation of the various folds of the peritoneum within the cavity of the abdomen, or in consequence of peritoneal chords surrounding the bowels in various directions. Now all these various occurrences, although they come under the name of hernia, hardly admit of being recognised during the life of the patient, and on them therefore I need not make any particular observation.—I hope that before the next lecture a subject may be procured, so as to admit of my showing you some of the operations; if not, however, there are still some other matters on which I shall proceed to address you when we next meet.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, March 26th, 1841:—

Robert Webb.
John Ellison.
Thomas Robertson.
James Hough.
Anthony Colling Brownless.
John William Firminger.
George Bowring.
Robert Large Baker.
Saville Marriott Pelly.
James Vaughan.

Mr. Tyrrell is seriously indisposed, and from authentic information we can confidently assert that he is permanently incapable from fulfilling his duties at the College.

TO CORRESPONDENTS.

W. B.—*We believe Wilson's Anatomy has been twice reviewed in the 'Lancet,' which, for certain reasons, we do not consider fair; because, when a man "blows his own trumpet," however harmonious it may be to his own ears, frequently sounds discordant to others—for an impartial review, see page 262, Vol. II., of this Journal.*

C. W.—*The case sent must be authenticated.*

STUDENT.—*Inquiries shall be made. The lecturers generally are very negligent in their performance of their* October *promises.*

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THE MEDICAL TIMES.

MEDICAL REFORM.

OUR readers may now take it for granted, that nothing will now be done in the cause of Medical Reform before Easter—and perhaps as much will be done "after Easter," as was achieved last session. We fear the whole business will end as it commenced, in imposition.

Our contemporary, Mr. Wakley, pretends to discover now, at the eleventh hour, and reveals to his readers in his last leader, that touching the chemists and druggists, Mr. Hawes has "turned round" to Mr. Warburton's views, viz., that the lives of the poor shall be permitted by the legislature to be sacrificed by ignorant and unqualified pretenders.

Mr. Warburton will not oppose empirics and unqualified practitioners—and we know—will he upon the strength of his own disinterestedness of purpose, his hatred for jobbing, and his uniform abhorrence of all secret connivings; permit us to ask him whether one of his most influential constituents at Bridport, is not the proprietor of a notorious plaister, called "the poor man's friend," and which voter has realized thousands per annum by the sale of the same? Here then "the cat is out of the bag." He will not, he cannot offend this plaistermonger.

Mr. Wakley has the impudence to observe, in reference to Mr. Hawes turning round, (a real convert at least he cannot be) to Mr. Warburton's views, regarding the propriety of encouraging and protecting empirics; that "it remains for medical reformers to decide upon what course they will pursue?" we ask upon the foot of this, what course has, Mr. Wakley pursued? None—what bill has he brought forward these last six years that he has been in Parliament?—none—what bill is he now supporting? a one-faculty bill, which cannot by any possibility pass. Mr. Wakley ought not to open his mouth in the House regarding Medical Reform without blushing, and we augur that if he has the least degree of that susceptibility of mind, which becomes a man left in his constitution, he cannot look a medical reformer straight in the face.

We see by the letter signed "Probe" in to-day's journal that the Councils of the British Medical Association are deliberately committing suicide. This is what we expected.

The order of the day has been imposition! imposition!! imposition!!! How long will the members of the profession quietly set down to be gulled by false friends and designing tricksters—at the sacrifice of themselves, their families, and the community?

BRITISH MEDICAL ASSOCIATION.

HALF-YEARLY MEETING, MARCH 30TH, 1841.

DR. WEBSTER IN THE CHAIR.

THE following resolutions were unanimously agreed to:—

Resolution I.—Proposed by R. Davidson, Esq., seconded by S. J. Bayfield, Esq.—"That John Kidd, Esq., M.D., Regius Professor of Medicine in the University of Oxford, be elected an Honorary Member of this Association."

Resolution II.—Proposed by Mr. Brady, seconded by Mr. Hooper—"That Professor Grant, F.R.S., be appointed to give the Annual Oration on Medical Reform, at the Anniversary Meeting in October next."

Resolution III.—Proposed by Dr. Granville, seconded by another Member—"That the British Medical Association will not relax in its exertions to procure an efficient measure of Medical Reform, based on the principles of Incorporation, Representation, and Equality of Rights."

Resolution IV.—Proposed by —Ivorey, Esq., seconded by — Neville—"That the members of this Association pledge themselves, and recommend to their medical brethren and friends, not to vote for any Member of Parliament at the ensuing election, who will not snpport Medical Reform, on the principle of Incorpotion, Representation, and Equality of Privilege.

Resolution V.—Proposed by Edward Evans, Esq., seconded by L. Pinching—"That a Petition be immediately presented to the House of Commons, praying that the plan of Poor-Law Medical Relief agreed to by the Provincial and British Medical Association, and intended to be introduced by Mr. Sergeant Talfourd, and Mr. Wakley, by way of amendment to the Bill now before the House, be adopted."

QUACKERY.

KERRY ASSIZES.—MONDAY, MARCH 15.

PATRICK KEARNEY, a quack *doctor*, was arraigned for having feloniously caused the death of Dennis Leary, on the 29th of August last, by *bleeding him in the belly with a penknife*. The prisoner was found guilty, but recommended to mercy by the jury, the judge, strongly reprobating the *wickedness* of such persons practising an art of which they are totally ignorant, and the folly of the public employing them instead of resorting to the dispensaries, with which the face of the country was covered, and therefore within the reach of the poor people; his lordship, therefore, taking into consideration the age and feeble appearance of the prisoner, then sentenced him to three months' imprisonment.

TREATMENT OF DROPSY OF THE SYNOVIAL MEMBRANES BY TARTAR EMETIC.

By M. GIMELLE.

M. GIMELLE has found the administration of tartar emetic in large doses very efficacious in curing dropsy of the synovial membranes; causing complete absorption of the fluid, with abatement of all inflammatory symptoms, if any exist. Twenty-seven cases of dropsy of the joints have been treated successfully by him. He, without any previous treatment, commenced by giving four grains of tartar emetic in the twenty-four hours, and increased the dose by two grains every day, till from eighteen to twenty grains were taken daily. As soon as toleration of the medicine was established, the fluid began to be absorbed, and the cure was in general complete in from eight to sixteen days.—In only five of these cases was vomiting excited by the medicine, in two cases for three days. In eight cases it produced alvine evacuations; but its most general and constant effects were diminution of the strength and quickness of the pulse, weakness of the voice, abundant nocturnal perspirations, and the appearance of a dark circle around the eyes. In almost every case the appetite remained unimpaired. M. Gimelle regards this plan of treatment as the most successful ever yet proposed for the treatment of dropsy of the synovial membranes.—*Bulletin de l'Acad. Roy. de Med.*

ON THE STRUCTURE OF THE MUCOUS MEMBRANE OF THE STOMACH.

By R. B. TODD, M.D., F.R.S.

WHEN a portion of the mucous membrane of a true digestive stomach is examined, stretched upon a plane surface under water, we observe it to exhibit a multitude of small cells, more or less circular in form. These cells are present over the whole surface, where a thick epithelium visible to the naked eye does not exist, and their presence may be considered to be characteristic of the true digestive surface, as contra-distinguished from that of a simple macerating cavity. When the mucus has been well cleared away, we can see to the floor of each cell, which exhibits from three to five perforations, often rendered distinct by being filled with the white mucous secretion. The cells are separated from each other by partitions like elevations of the membrane, which vary in depth, and sometimes even form pointed processes, mistaken by some anatomists for villi, which they really do resemble when examined on an oblique section. The diameter of the cells is 1-180th inch to 1-250th inch; it varies, however, in the different regions, and is always largest near the pylorus.—When thin sections of the mucous membrane, cut vertically to the surface, are placed under the microscope, they are seen to be composed of a number of tubuli closely applied to each other side by side, their blind extremities being in contact with the submucous tissue, and their free extremities opening into the bottom of the cells.—*Brit. and For. Med. Rev.*

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HUMBUG OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of the 'Medical Times.'

In my last letter I raised the veil and penetrated into the sanctum sanctorum, the secret and sacred proceedings of the 'British Medical Association:' I prepared your readers to understand the manœuvre, the puppet-showism of the chief actors; I exposed the arrogance and assumption of this Venetian council, who, affecting liberalism, and promulgating liberal opinions in their acts and practices, exhibited an exclusiveness and overweening egotism that would suffer no rival near it; throne would not hear the name nor suffer tribute or respect to be paid to the exertions of any reformer, however long consistent and disinterested his services may have been, unless he bent the knee to this self-constituted oligarchiy, and paid homage to its doge, Dr. Webster.

The greater the claims the veteran reformer had upon his brother professional men, the greater earnestness and ability with which he advocated its rights and privileges, the more envy, jealousy, malice, and uncharitableness was he assailed by these gentry, whose selfishness led them to suppose such qualities might uplift him above them in the consideration of the body generally: one was too old to be useful; another, it was alleged, was impracticable, or unmanageable, if his independence of mind gave no hope that he could be squeezed into compliance with the dicta of this secret trio junal. It should be distinctly understood, that high-minded honest, and honourable men who, would scorn to be parties to such transactions, belong to this council; that such men rarely if ever attend, and are totally unconscious of the tricks and truancy of their colleagues, and left its affairs to be managed by a Scotch clique, who cunningly used it as a means of the aggrandizement, to attain certain objects, and whereby they might fill certain offices that would have been conveniently made for them and their supporters. In this season communications were opened with Secretaries of State, with Poor-Law Commissioners, and "all the powers that be." Deputations were formed to wait on all leading men in both Houses of Parliament; the same parties dexterously contrived to compose these deputations. An analysis of these who went up to this great man and to that, would show who are the waiters upon the bounties of providence, and proved the favouritism that prevailed even in this trivial matter; it became so palpable, that an independent member of the council who never joined the cabal, brought it forward in the shape of a resolution, complaining that certain men not remarkable for talent, or representative ability, on the contrary, remarkably deficient in all these attributes, invariably contrived to take a prominent part in the proceedings, and who, as a matter of course, would appear to those unacquainted with what took place (post scenas), that they were selected for their efficiency for the situation. Many were of this opinion until they attended the public meeting at Exeter Hall, held about six months ago, the first demonstration, we may say, that the British Medical Association ever made.

Dr. Marshall Hall delivered on that occasion what he called an oration, entitled, 'Medicine, its Reform, its Rewards, its Divisions.' Those who were present recollect the ludicrous effect it produced. In that eccentric and piebald production, he began by an elaborate and far-fetched eulogium upon Dr. Wells, for his 'Treatise on Dew,' and read long extracts from that truly elegant and classical essay, as if it were to exhibit, in instructive contrast, his own coarse and meagre composition. He first laid before us a piece of satin of the most beautiful texture, and then his own home-made, self-manufactured, miserable fustian. He modestly compared himself to this gifted man; pursued the parallel by stating that Dr. Wells and Dr. Hall were both refused a Fellowship by the College of Physicians!! upon whom he meant to be severe without, however, point or power. He indulged in lachrymose bewailings upon not having received the Gold Medal from the Royal Society, who treated Jenner and other great men in the same ungrateful manner!! He told the meeting that he walked in the footsteps of the Saviour!! These were the very words; if the reader doubts, let him refer to the pamphlet, which immediately after the meeting was over liberally and complaisantly distributed, ready printed, and without waiting for the formality of a vote. In this literary curiosity you would expect to find a philosophic exposition of the state of the profession, an analysis of its evils, a remedy for its abuses, like the able elucidations or orations of the preceding years, as delivered by Dr. Granville and Mr. Farre, who did honour to themselves, and rendered such a service to the profession by the very faithful masterly picture which they drew of the present anomalous condition of medicine. Reader, if you indulged in such speculations you would be disappointed, medicine, its reform, &c., are never alluded to; ego et rex meus reigned throughout the whole; and we have, instead of all the necessary and natural ingredients in an oration, the splenetic and irritable effusions of a disappointed, mortified, and much exaggerated old man, whom the 'Lancet,' from personal regard and intimacy, are trying top uff into importance, but in which they will not succeed; if they brought him to the surface by the innate force of gravity, he would sink to the bottom directly. It would be more than a miracle to keep him there. The reflections which were naturally awakened were not flattering to the council; some indulged in an open comment, and all seemed to be impressed with the conviction that such men as figured there were not likely to agitate or advance the question, however disinterested or honourable the motive, however ardent the zeal, however great and centering the industry; many who were incompetent to represent their own feelings or opinions, were unfit to take upon themselves the high mission of representing the wants and wishes, of upholding the rights and privileges, of a great profession. Dr. Ryan, who had been a short time before made a vice-president, and flattered perhaps with the empty honour, made the only speech, as their own Secretary declared, that had been made through the night, full of sarcasm and philippic against the medical corporations, and delivered with all the flourish and theatrical attitude of a Sheil, in a warm and impassioned style; of course it told; it had all the fact and figure which an Irishman possessing more than the usual share of the copea fandi." Without this *relief* the British Medical Association would have expired of intellectual inanition.

We asked ourselves how men of such slender intellectual capabilities, men so unknown to fame, could, by any process of even magical transmutation, become the guardians of a learned profession? If there were hope that they could act the pulmore, and direct the vessel of reform through the difficulties, the dangers that encompassed it; the answer was, no; the train of thought, when fully pursued, was however highly favourable to the motives of the humble but honest men, who associated disinterestedly to promote the common good, and in the absence of greater men, of men of name and station, the natural protectors of the profession, who basely abandoned the interests of a profession by which they had been raised from insignificance to distinction. This feeling made amends for many deficiencies, and every man who joined from such laudable motives has made the profession his debtor. If the council had pursued the even tenor of their way, without assuming to dictate, to take the profession by the nose; if seeking only reform, they had confined themselves to that specific question, if its active men had refrained from intrigue and place-hunting, and had not sought to constitute themselves the dictators, not the servants of the profession, they would have effected much good; the principles which they advocated were the principles which the great body had espoused for years, were so many claims upon the sympathy and support, and assuredly that support would have been eagerly given if, in their dream of ambition, like Massaniello in a smaller sphere, had not forgotten the object of the delegated duties, and instead of raising their brethren, tried to raise themselves.

"THE PROBE."

THE ANATOMY ACT.

LETTER VII.

TO THE RIGHT HON. LORD MELBOURNE.

My Lord,—The contents of my last letter clearly prove that the inspector appointed under the Anatomy Act has not been any security to the public, who pay above £800 per annum for it; but that it has been a system peculiarly well adapted to serve the pockets of your Lordship's political partisans, who are shareholders in the University College. Without the application of antiseptic means to preserve identity of subjects submitted to dissection, it is beyond the power of government to carry the Anatomy Act into operation. I could advance this part of the case much further, but I consider what has been already proved will prevent another word being said in favour of the official inspection.

Permit me now, my Lord, to draw your attention to another point. Your Lordship, no doubt, is aware that the medical profession, and also the public, have had their attention drawn to the mal-administration of the Anatomy Act—petitions to Parliament and the Home-office have been poured in, praying for inquiry into the operation of the Anatomy Act, and particular stress has been laid upon the fact of Dr. Somerville being the only recognized Inspector for England and Scotland, whereas the Act of Parliament, under which he holds his appointment, provides that not fewer than three inspectors shall be appointed.

It being well known that Dr. Somerville was a partisan, a large number of students of anatomy addressed the Home-office last winter, praying that his Lordship would appoint proper inspectors. The Home-office acknowledged the receipt of the students' memorial, but gave them no redress. What will the public think, my Lord, when they find that, instead of the government enforcing the law, petitions have been presented to the government, praying that they would take into their favourable consideration the injury which they are doing the community by allowing the contravention of an Act of Parliament for the benefit and emolument of their political partisans?

In February, 1840, the Home-office appointed a Commission to inquire into the working of the Anatomy Act. Of course, my Lord, it might fairly have been supposed that as the

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Commission had to inquire into the operation of an act of Parliament, that on public grounds it would be conducted with the honest intention of arriving at the truth, so that justice should be administered by ascertaining all the real causes of complaint; and that means should be adopted to prevent their recurrence. For the attainment of these objects it was indispensably necessary that the Home-office should have appointed gentlemen who were neither dependent upon government, nor interested in the emoluments which have been made by the contravention of the Anatomy Act. This, my Lord, I presume your Lordship will admit would have been the honest course; and it was doubly requisite on account of so many members of the government being themselves shareholders in an Anatomical School, where much money has been gained by contravening the Anatomy Act.

However necessary these precautions were, the opposite course to right has been pursued. The government named four gentlemen to form the commission in every way calculated to create prejudice and mistrust. They selected Mr. Warburton, M.P., for the Chairman of their commission; and Mr. Hawes, M.P., Mr. Gore (of the Woods and Forests), and Mr. Byng (I believe of her Majesty's Household), to be his colleagues—a compact too palpably suspicious to be entitled to the character of an impartial commission. These were the persons, my Lord, deputed to inquire into the means which the government, their officer, the inspector, Mr. Warburton, the promoter of the Anatomy Act, and other partizans of your Lordship's government, had contrived, so as to convert the operation of the Anatomy Act to their private emolument and advantage.

I will now, my Lord, proceed to show how this packed commission performed their official duty.

I think your Lordship will allow that the right practice is for the members of a commission of inquiry to summons, under the seal of the commission, all parties who are known to possess the best information upon the subject under their investigation.

Mr. Warburton, my Lord, knew that I had taken great pains to examine the operation of the Anatomy Act. He had had four years' acquaintance with me, and he therefore could not be ignorant of the value of my testimony. The commissioners did not summons me; they knew that my evidence would not suit their object. I should have told them that the chairman of that commission was himself deriving profit by the mal-administration of the Act of Parliament, the operation of which they were then investigating. I should also have explained to them how the abuses of the Act might be reformed; these were all considerations justly entitled to weight.

The commission, my Lord, was packed, and they only sought for a particularly favourable class of witnesses.

Not having been favoured with a summons, on the 6th March I addressed a letter to the commissioners, and suggested that I should be called upon to show some of the abuses of the Anatomy Act, and the best means to prevent their continuance. Had I not adopted this course, Mr. Warburton might hereafter have pretended that my name escaped his attention, and have then expressed himself deeply grieved for the loss of my testimony; but the reply which I received from the commissioners is another proof that they had no desire to receive my evidence. I beg to hand your Lordship a copy of their letter to me:—

"Chambers of the London University,
Somerset House, March 7, 1840.

"Sir,—I am directed by the Commissioners for Inquiring into the Working of the Anatomy Act to acquaint you, that you must exercise your own discretion whether or not you will present yourself for examination before the said Commissioners; and that should you so present yourself they will then inform you whether they consider that your evidence ought to be taken; and if so, on what day. I am, Sir, your obedient servant.

(Signed) "William Page."

"To Mr. W. Roberts,"

Your Lordship will please to observe that neither the hour nor the day is named when I am to receive an answer from the commissioners whether they would permit me to be heard or not.

On the 19th of March I again addressed the commissioners, acknowledging the receipt of their letter, and suggested that my evidence should be received. To that letter I received no reply. Many contradictions have since been made, both in and out of Parliament, as to the refusal of the commissioners to receive my testimony. Your Lordship can bear witness to my desire to be examined. I addressed a letter to your Lordship on the 21st of March, soliciting your Lordship to direct the commissioners to receive my evidence. On the 23d of March I received the following reply:—

"Downing-street, March 23, 1840.

"Sir,—I am desired by Viscount Melbourne to acknowledge the receipt of your letter of the 21st inst.

"I have the honour to be, your obedient servant,

"To W. Roberts, Esq." "C. Howard."

I could also, my Lord, bring forward a gentleman who would prove that one of the commissioners told him that they would not allow me to be examined.

Mr. Warburton, my Lord, had an opportunity, when he was sitting as chairman, to judge his own cause, and supported as he was by two dependants on the government, to have called me before his commission, and there obtained by evidence, which must have been given under disadvantages of no ordinary kind, before a tribunal so constituted as the Anatomical Commission was. He had, my Lord, also the opportunity to summon witnesses to destroy the weight of my testimony. But it would seem, my Lord, that this line of proceeding would not suit Mr. Warburton, as he could not expect to annihilate the truth. And again he was aware that in the event of his receiving my evidence, and then suppressing it in his report, that I had told him I would publish it as an appendix.

Had Mr. Warburton, my Lord, been contented with the refusal of my evidence by the commissioners, he would then have proved his want of courage to meet investigation into his own pet piece of legislation. But he also pursued a still more discreditable course, to create prejudice before his commissioners and witnesses against me. In the year 1838, I published a paper in which I enumerated a few of the abuses of the Anatomy Act—that paper was calculated to displease some of the anatomical teachers. Mr. Warburton tried to turn that point to account by putting the paper into the hands of a teacher of anatomy, under examination of the commissioners, and after he had poured forth the thunder of his own denunciation against the writer, he then asked the witness, whether he did not think as he did. This, my Lord, was an Old Bailey piece of adroitness, but before the public it will not stand for argument. Had Mr. Warburton, or the government, just cause to complain of any statements made by me, why not call for proof instead of using subterfuge and evasion? Had I been permitted, even before a packed commission, I would have substantiated every assertion which I have advanced.

Want of space obliges me to stop here until next week.—I have the honour to remain, my Lord, your most obedient humble servant,

W. Roberts.

6, Old Fish Street, Jan. 4, 1841.

USES OF THE SPLEEN.

The spleen being made up of vessels, is necessarily a reservoir for blood; it is very elastic and compressible in its texture, and is set between the cul-de-sac of the stomach and the parietes of the left hypochondriac region; consequently when the cul-de-sac is distended with food, it must be considerably compressed between the distended cul-de-sac and the false ribs. The splenetic artery will be also particularly compressed, as it is entirely the fissura longitudinalis of the spleen.—Hence the blood, which would under any other circumstances have entered the spleen, freely is prevented in a great measure from so doing when the stomach is distended, and instead of being directed through the splenetic artery, it is determined in greater quantities to the other branches of the cœliac axis; that is, it is carried by the hepatic to the liver, and by the coronary artery to the stomach.

These two viscera being then under a state of excitement, in consequence of the presence of the food and chyme in the stomach and duodenum, whereby the blood is more readily determined to them, which blood would, if the spleen were not compressed, and if the stomach had been collapsed, have gone to and circulated through the spleen.

Thus we see the reason why the three arteries supplying the spleen, the stomach, and the liver, shall arise from one axis—and why also the pancreas and duodenum are supplied with vessels from the splenetic artery before it enters the spleen, and from the hepatic artery. Thus *the spleen* is a source of irritability to the stomach, liver, pancreas, and duodenum.

Although the hepatic artery brings arterial blood to the liver, and the distinguishing constituents of the bile are not produced from arterial blood but from venous, still a greater quantity of arterial blood passing to the liver will be the means of increasing the action of the venous secreting vessels (the vena portæ), inasmuch as it is the arterial blood which supplies the liver with irritability, or that principle which is the proximate cause of organic action.—It may be conjectured, too, that the elastic coat of the spleen may possibly aid the effect of the distended cul-de-sac of the stomach, in compressing the vessels of the spleen.—2ndly. The spleen is not only a great reservoir of blood when the stomach is not distended and excited by food, but in consequence of the tortuousness of its vessels, their minute divisions and the immense predominancy of the venous vessels over the arterial, the blood must circulate slowly through the spleen, and the spleen must be a great manufactory (if I may be allowed the expression) of venous blood, which blood flows through the splenetic vein, and along with that from the other branches of the vena portæ is carried by the vena portæ to the liver, where there is separated from it by the secreting power of the acini the constituents of the bile. Thus the spleen, when the stomach is collapsed and inactive, is a manufactory and reservoir of venous blood passing to the liver—and when the stomach is distended and excited, is a means whereby the stomach, liver, pancreas, and duodenum are furnished with an increased supply of arterial blood.

By the spleen more venous blood is made, and more carbon is thrown out of the system by the liver; the bile I believe would be found

to be more in quantity in an animal with a spleen, than in an animal without one.

I consider that the uses of the spleen are clearly pointed out by reason, guided by anatomy, and I believe that no other essential uses will be discovered to be attached to the spleen, than those that I have now mentioned. —*Reported from Mr. Dermott's Lecture on Anatomy.*

SYDENHAM COLLEGE MEDICAL SOCIETY.

Mr. Jennings in the Chair. A paper was read by Samuel Hare, Esq., of University College, on Entozoa Humana.

The researches of the most distinguished naturalists have shown that almost every species of animal is liable to be infested by its peculiar parasites, which are developed in, and protected by its various textures, where they seem to colonize, settle, and descend, from generation to generation; for they have been discovered in birds, reptiles, fishes, mammalia, and the invertebrata and what is still more wonderful, an immense concourse of these minute creatures have been found, infesting a small entozoon, the abode of which is the aqueous humour of the eye; many are so common that perhaps there is scarcely an individual present who has not met with them. Some are less frequent, and are indigenous in particular districts or countries, whilst others are so rare, that they have only been detected once; and certainly amongst the numerous accidental formations developed in the human body, there are none which merits more the attention of the physician and of the physiologist, than these organised but independent productions; for man, whose more elevated nature is connected to surrounding objects by moral relations, who can pursue the concatenations of causes and effects, and embrace in his mind the system of the universe—though so much exalted above the brute creation by that majestic attitude which announces his superiority over all the other inhabitants of the globe—though so much distinguished, not only by his external conformations, his physical and moral attributes, but by his internal organization, and the high distinction of his intellectual faculties, though the beauty of the world, and the paragon of animals, is so far from constituting an exception to this general rule in the economy of nature, that he appears to be subject to a greater number of entozoa than any other living being.

Some of these are limited to the surface of the body, and cause but slight inconvenience; others penetrate the skin, and produce more or less irritation, while the greater number occupy parts having communication with the external surface, as the alimentary canal, or in the interior of the least protected organs, as in the substances of the brain, liver, and muscle, and give rise to symptoms varying in character and intensity according to the nature and position of the parasite. Their organization is also very variable; there are some entozoa that consist of nothing else but a parenchymatosed mass, without any appearance of organs, whose rude and imperfect organization only entitles them to be placed in the lowest rank in the scale of animated beings—whilst, on the other hand, we find others complicated in structure, possessing an evident muscular system, a complete alimentary canal, and well-developed organs of generation, with distinct sexes, rudiments of a circulation, and even a nervous system.

It is, however, now my intention to give a brief outline of these creatures that are found in the human subject, and as many of them will no doubt, at some future period, come under your especial notice in private practice, it is certainly desirable that you should be able both to recognise them, and to treat the disorders to which they give rise.

Acephalo cysts or hydatids, though at the bottom of the scale of organization, are still independent organised beings, and consist of isolated albuminous cysts of a spherical form, floating free and independent in a fluid contained in another cyst, connected with the organ in which they are developed, which is chiefly the liver and uterus, although they have been found in every organ and part of the body, except the intestinal canal. It often happens that a large acephalo cyst includes several smaller ones, one within the other, all similar in structure. It was owing to this arrangement, that Hunter called them pill-box hydatids. As they increase in size, they occasion a corresponding atrophy of surrounding parts, and the most dense and unyielding structure are unable to resist their progress. They sometimes work their way to the surface of the skin, or reach some mucous surface, whence they are discharged: when formed in the liver they have frequently been expectorated from the lungs; when originating in the kidneys, they are often voided in fragments with the urine. Morgagni held the opinion, that the rupture of hydatids was the sole cause of dropsy, owing to the cyst being frequently ruptured either spontaneously or by violence, and the escape of the hydatids into a large serous cavity, when they have produced active inflammation, which has ended in death. Dr. Bright has shown, that the offspring of the parent hydatid are often so numerous and increase so rapidly, that they not only press upon, and destroy each other, but sometimes rupture the parent cysts. In the liver they are often destroyed by the bile, and when this occurs, the membranous substance curls itself up, shrinks, and is contracted into a small compass; the fluid is gradually removed by absorption, and that containing cyst, by degrees, closes on its contents. Mr. Carmichael of Dublin, and Dr. Barror of Gloucester, maintained that tubercles are essentially hydatids; and their theory was founded on the observation of the frequent coexistence of tubercles and acephalo cysts in the lungs of the ruminantia, a circumstance rarely remarked in man. Modern pathologists do not coincide in this opinion.

Loosperms or spermatozoa are found in the spermatic fluid at puberty, and resembles tadpoles in shape, and when placed under the microscope, they are seen moving about often with considerable rapidity, by means of a tail which varies in length in the spermatozoa of different animals.

The tricomonas vaginale was lately discovered by M. Donné of Paris, in muco-purulent discharges from the vagina. Its body generally appears round, but assumes various forms. M. Donné regards them as characteristic of gonorrhœal matter, as they have never been observed in simple mucous discharges. He had also observed a number of animalcules in the pus of chancres in the gland, penis, and vulva; they do not exist in non-syphilitic pus, nor in that of buboes, but are only found in the matter of the primary sore. Should the accuracy of that observation be confirmed by further researches, the discovery must be regarded as of an interesting and important nature, and as calculated to suggest many curious speculations and inquiries respecting the development of this disease.

The prichina spiralis is a minute worm, discovered by Mr. Owen in 1835, confined chiefly, if not entirely, to the voluntary muscles, the pectoralis major. Platysma myoides contain them in greater abundance than the more deeply-seated muscles: the cysts are generally so numerous as to give to the muscles in which they are formed a peculiar grey speckled appearance, as if the part had been thickly sprinkled with the eyes of some small insect.

The cœnurus, so frequently developed in the brain of the sheep, and producing that affection, known under the denomination of "staggers," is not met with in the human subject.

Another species infesting the inter-muscular cellular tissue is the cysticercus cellulosa, which has also been discovered in the heart, œsophagus, the brain, especially the plexus choroides, and in the anterior chamber of the eye. It is also frequently met with in the glutei, psoas, ilicus internus, and extensor muscle of the leg. This parasite is, however, found in the greatest abundance in the hog, occasioning that state of the muscles vulgarly termed "measly pork."

The bothriocephalus latus is a species of tape-worm, usually inhabiting the small intestines, in which as many as three or four are often found to co-exist. It occurs most frequently amongst the Russians, Poles, and Swiss.

The distoma hepaticum, or liver fluke, inhabits the gall-bladder and biliary ducts, and appears to derive its nutriment from the bile. It is most commonly met with in sheep suffering from the rot, although Chabert and Bremlet have related cases where they have been found in the human subject.

The pilaria medinensis, or Guinea worm, varies in size, from 6 inches to eight or twelve feet, and in thickness from half to two-thirds of a line. It is developed in the subcutaneous cellular tissue, generally of the lower extremities, especially the feet. It occurs at all ages, and in both sexes, and appears to be endemic in the tropical regions of Asia and Africa, where it appears in the hottest seasons. There is a specimen in the museum of the College of Surgeons twenty-two inches in length, which was extracted from the leg of a boy, under the care of Sir W. Blizard, of the London Hospital. Clot Bey mentions that he has seen as many as 100 patients labouring under this worm in the hospital at one time. It appears to be capable of slowly changing the position which it occupies in the cellular tissue, and probably its extension is effected by a process of inflammation and suppuration, as in the case of other foreign bodies. It usually occurs singly or in small numbers; from ten to twelve, however, is, in some localities, not an uncommon number, and even as many as fifty have been met with in a single individual.—Dr. Nordmann, of Odessa, discovered another species of pilaria in the interior of the human eye, as well as in that of a horse, and in many animals the bronchial tubes are often loaded with the filaria bronchialis.

The strongylus gigas is a dark-coloured worm inhabiting the kidney, and from the few cases on record, it would seem, that whilst in the kidney, and after it has passed into the bladder, it occasions considerable distress and disorder in the urinary organs. It has been known to measure a yard in length, with a diameter of half an inch. Mr. Lawrence describes a curious case in which from 800 to 1000 of these worms were discharged.

The dactylius was first found in the urine of a child five years old, during convalescence from a slight attack of fever; there was no corresponding derangement of the urinary or any other organs, and its discovery was quite accidental. If allowed to remain in the urine it lived for two or three days.

The ascaris vermiculis, thread or maw-worm, was known to Hippocrates, who called it ascaris, (*askarizo*, to leap) on account of its supposed activity. It lives as low down as

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possibly can in the rectum, when it produces intolerable itching of the anus. They will often crawl out rolled up in a ball, and I have heard of old women sometimes amusing themselves by seeing how many they can catch in a night, in order that they may show their exploits to the doctor in the morning. It is found in individuals of all ages, but young children are more especially liable to it; it is also the smallest of the worms inhabiting the human intestine.

The tricocephalus dispar, or long thread-worm, is commonly found in the cæcum and large intestine, and is much more common in infants than in others. It is often found adhering by its small or anterior part to the mucous membrane, the remainder of the animal being lost in the canal; it is in consequence of this circumstance, and the minuteness of their size, that they are seldom observed in the stools. This species was met with in many cases of cholera.

The ascites lumbricoides, or common round worm, is one of the most common infesting man, and is usually found in the small intestines, although occasionally in the large stomach, &c., &c. It varies in length from six inches to a foot, its thickness being about two lines; the head is furnished with three tubercles, which surround the mouth, and which will at once serve to distinguish this entozoon from the lumbricus or common earth-worm. Its body is round and elastic, and tapers towards both extremities: the females are more numerous and more frequently met with than the males. They are far more common in children than in adults, and are rarely found in old age. Dr. Hooper mentions the case of a girl, eight years old, who voided upwards of 200 in one week; they are considered to feed on the mucous of the intestines, the quantity of which is probably much increased by their presence: they often occur alone. These worms are not only found in man, but infest likewise the horse, the hog, and the ox.

(To be continued.)

OFFER OF A COLLEGE FELLOWSHIP TO DR. HASTINGS.—The London College of Physicians have thrown a sop to Cerberus, and offered a Fellowship to Dr. Hastings of Worcester, one of the heads of the Western and Midland Provincial Association. Is this to gag him, as being at the head of the Reform party in that body, of which Dr. Coggan, of Reading, has lately distinguished himself by an able report on Quackery? We caution him in the old Roman adage—"*Danaos timeo dona ferentes.*" Sir Robert Walpole said, "every Englishman had his price." It seems to be the policy to bribe off the reform leaders one by one. But whoever heeds them is no honest Andrew Marvel, and deserves to be branded as an apostate, like Lawrence and others.—Dr. Hastings was the man who said, at the forming of the Association at Worcester that "the organization of the profession, as it obtains, is not what it ought to be, for the whole system of medical polity in this country is both defective and erroneous." But, for long intervals, this Association has been remarkably reserved, dilatory, and supine, in the cause of reform, and even faint and feeble in its aids and efforts, though, from its magnitude and respectability, it was capable of making strong impressions, and effecting much good in removing the abuses, and improving the wretched system of medical policy in these three kingdoms.

Her Majesty has been graciously pleased to confer the honour of Knighthood on Arnold James Knight, M.D., the Mayor of Sheffield.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

REMARKS ON THE ABUSES OF MEDICAL PATRONAGE.

We are confident that in the profession of physic and surgery, which are making perpetual progress among us, and dependent for their utility and advancement upon the most judicious cultivation and greatest practical power of the understanding, there can be no just nor proper distribution of place, station, and emolument, which is not conferred upon the principle of MERIT and REWARD, solely and exclusively, according to the comparative attainments and skill of individuals, and not according to the exclusive and arrogant pretensions of oligarchical and timocratic force, influence, interest, and venality. We lament deeply the increased and increasing extent, to which patronised pretensions *(prétensions protégees)*, Nepotism, the domineering and perverted influence of wealth, party motives in politics, religion, and local policy, are carried by illiberal country magistrates, &c., to monopolize patronage of every kind in civil practice, particularly appointments to hospitals, infirmaries, dispensaries, lunatic asylums, &c. It is in the poor rural districts that the most meritorious and skilful physicians and surgeons groan under the private, sordid, and social despotism, and the jobbing chicanery, and pettifogging of the ILLIBERAL gentry and PLURALIST clergy of many country-towns and neighbourhoods. By ILLIBERAL GENTRY we mean the modern timocracy of England, or a race of gentry of inferior respectability, raised like mushrooms from a dunghill by sudden wealth, and so characterized by Professor Müller *(in his History of the Dorians)*, and by other historians, as the *final destroyers of the happiness and prosperity of every state in which their real powers, principles, and maxims are submitted to.* They are inwardly and secretly detested by the people for their cold, callous, and loathsome selfishness. They are termed by some the PETTY EXCLUSIVES, by the late Mr. Cobbett the "VERMIN GENTRY," by scholars the NOVI HOMINES, by wits the "new gemmen." We do not mean to include in these anathemas the OLD and LIBERAL country gentry, nor any liberal or benevolent parties, nor the Sir Roger de Coverlies and Bracebridges of the land, who were the fathers and centres of every parish in which they lived, the "fine old English gentlemen of the olden times," the lords of halls and hospitality! They are of a race apart; the are now "few and far between," and the very goodness, repose, and passiveness of their natures, prevent their ringing the snouts of these hogs in armour, and turning village Hampdens against those parish tyrants whom we now deprecate. But we will lash without mercy those social compacts of the ILLIBERAL and MORTGAGED SQUIREENS and SQUIRESSES of country towns and districts, who aim to appropriate all local and medical appointments, employments, and emoluments to their own spawn, and utterly exclude industry, perseverance, and skill in physic, with more moderate fortune, from all fair participation and division of business. But we know that they trust to what they call "the legitimate influence of property," and to their private consequence, to commit every degree of oppression, and impose every villany on society with impunity, and even silent consent. We will expose, as openly as the light from heaven, the folly and injustice of their oak-stick philosophy, the systematic gluttony of their mahogany influence, the oblique purposes of their corkscrew anecdotes, their arts of direct and indirect bribery, their cajolings of the poor, their deep moral turpitude generally, their sinister use of scandal and insinuation, and, where they dare, of intimidation and coercion, to force and puff their own STUPES and PARASITES down the throats of the people. We are not to be frightened by the threatenings of MORTGAGED SQUIRES of LOW degree, by the Gil Perezes and Oncles Chanoines of parson-ridden and bigotted cathedral neighbourhoods, nor by the stomach-grub and pantry-fly curates, the reverend poltroons and sycophants, who are compelled to do their superiors' dirty work, or, as George Coleman says, "wipe their noses in their *napless* coats." By "social compact," we refer to Lord Durham's admirable exposé of the same mode of policy practised by the old and poor gentry-settlers of Canada, to monopolize all local power and emolument to themselves and their brood, and oust all new settlers and emigrants out of their share of the cake.

We think the gentry of this country have played the game of the GREAT MONKEYS in robbing the LITTLE MONKEYS long enough, without endeavouring to strip the latter of every local and domestic advancement, after having monopolized all the enormous public plunder of the last 50 years to themselves and their children. The present corrupt state of medical patronage is the giant curse of the profession. The vile BATS have everything! We fear that the military and naval service is not provided for by any choice of merit, so much even as an exceptional instance, every now and again, to save the grace and name of the country. As the social and private "family compact system" among our "*genteel* gentlefolks," as Sir E. L. Bulwer calls them, is designed to keep down all MERIT, TALENT, and SKILL, to commit to neglect, obscurity, and private interment, persons of equal, or what is most usual, of far higher pretensions than their own hopeful progeny of "petits maitres garcons et fripons," in other words, arrant knaves, fools, and so destroy all free and generous emulation and competition between man and man, in every country town and neighbourhood. The curse of Swift has come upon us, that "a man of talent in physic in country towns is now better known by this sign, that all the fools of his own profession and of fortune are against him, than by another indication." As Umbritius said to Juvenal on the road to Cuma, talking then and there of that state of Rome, which is the true picture of what England has fallen to now—"An honest man cannot get his bread in Rome!"

MEDICAL GENIUS and SKILL is better known by its local oppressions and misfortunes than by any other distinctions. That "every Englishmen hates and resists oppression," was of old the Shibboleth of the country, but that country has become generally poor in pocket and spirit, and looks on in servile, silent, and obsequious compliance with the oppressors' wrongs, and the rich man's contumelies. The liberal cultivation and practice of medicine, the zeal for its improvement and extension, under these circumstances, is regarded by the majority of able men in the present discontented and misanthropic state of the profession, with spleen, languor, and indifference; "for," as Mr. Dermott truly says, "they remain for twenty years in the same place, without rising any higher or receiving any tokens of public approbation or encouragement. Our corporate institutions themselves have been millstones hung round the neck of the profession to prevent it from being made more useful and beneficial to humanity."

Reason, rectitude, and independence, call upon the British senators, and the Mæcenases of the profession, in every place and rank of life, to encourage TALENT and extend it; to push down astutia and impudence into its proper place, in spite of the ignorant and low prejudices of the middling classes in favour of mediocrity and inferiority, and of "the wholly ignorant and utterly incompetent in private practice." The medical witnesses from Apothecaries' Hall reported that one-half of the country practisers in England came under the meaning of these epithets, and yet were preferred by an ignorant and prejudiced public to the regular licensed and well-educated practisers. (See 3rd Report of Medical Evidence before Med. Comm., 1834.) These quacks must be hustled from their seats of usurpation, and better men must be encouraged to "push them from their stools."

Why should not the legislature, the profession, the hospitals, and their governors, take fair example by France and establish the CONCOURS? We have the fact before our eyes, that, in France, the superior nominal distinction of agrège or fellow of the faculty, and the posts of professors, physicians, and surgeons to all public medical institutions, the army, navy, and the situations of externs and interns, corresponding to pupils and dressers in the London hospitals; and other liberal provisions for pupils of great merit, but labouring under poverty, are conferred on superior merit exclusively by this invaluable system of CONCOURS, that is, a system of theoretical and practical trials of skill between all eligible candidates, so that all appointments may be alone conferred on the best qualified man; on this same principle scholarship, exhibitions, and fellowships have been bestowed after taking high degrees and honours at Oxford and Cambridge, and it is therefore consistent with the legitimate form of our institutions in this country. But as it is, nothing but MERIT and TALENT are now excluded from trust and employment; IDEOTS are everywhere at the head of the profession, and the uses of influence and corruption rule with a pig of lead!!!

We also call on the legislature and profession to insist, by law, on the adoption of the system of ELECTION by ROTATION of three years, one man going out, and the other coming in, to prevent the abuses, iniquities, and monopolies, which arise from the jobbing, corrupt, and detestable system of LIFE ELECTIONS of PHYSICIANS and SURGEONS to hospitals, infirmaries, and dispensaries. The infirmaries of Edinburgh and Glasgow, the clinical wards of the same, are long-standing proofs of the excellence of the alternate appointment of physicians and surgeons by TRIENNIAL ROTA-

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TION, in preventing close monopoly and misappropriation. In all the dispensaries of the country, let every physician and surgeon have single and alternate ROTATIONS of SIX months each. The abomination of those scandalous JOBS, the country dispensaries, the machinations and villany of some one influence and interest physician, and his corrupt ally, some compounder of DRUGS to the said dispensary, and the infamous arts, intrigues, and tricks of the illiberal pluralist parsons, squires, and their women, will thus be prevented; as it is, in most towns, all the patients are forced upon the various parishes around, to the COGGING or INFLUENCE and INTEREST REPTILE, and kept back from the MEN of MERIT, GENIUS, and SKILL, without means to oppose the bribery, intimidation, coercion, and all the low knavery of his vile competitor, his band and his gang. The giving of tickets to persons to go to whom they please, is another mode of evading and preventing the artifices and rascality of the foul INFLUENCE and INTEREST CREW.

From time to time we shall give some gross and disgraceful facts and statements relative to these humble abuses; for every one says, "We admit these abuses, but how can they be prevented, since the infirmaries and dispensaries are matters of private subscription and local management?" We say, they can be met by ROTATION, by appointing a SINGLE physician at a time, for THREE months or SIX, the influence and interest cogger going out, and having nothing to do with attending or prescribing in the interval.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

OPERATIONS ON THE SUBJECT.—TYING THE FEMORAL, EXTERNAL ILIAC, CAROTID, AND AXILLARY ARTERIES.

I SHALL now proceed to point out to you the situation in which we perform the *operation of tying* the *femoral artery* in the case of popliteal aneurism, or aneurism situated in the lower part of the femoral artery before it assumes the name of popliteal.—The most advantageous situation for performing the operation is in the upper third of the thigh. The situation of the femoral artery under the crural arch, is very nearly in the middle between the anterior superior spine of the ilium and the angle of the pubis, but nearer to the latter point by about a finger's breadth. Here, in this preparation, in consequence of the mode in which the vessels are detached and displaced, the artery is rather drawn out of its proper situation, so that it is nearer to the spine of the ilium than it ought to be. At the point I have mentioned you will find that the artery may be exposed by making an incision in its course downwards. In order to find the artery in any part of its passage along the thigh, take the middle point between the anterior superior spine of the ilium, and go a finger's breadth nearer the pubis, then supposing the foot to be turned outwards, a line drawn down the limb from this point to the posterior and inner part of the knee, will show the course of the artery to where it goes through the biceps into the ham. In the situation I have spoken of, the artery lies on the inner side of the sartorius muscle; you take it up, therefore, before it passes behind that muscle. These are the two points to be attended to; and it would be just about where I now place my finger that you would have to perform the operation. After making a division about two or three inches in length through the skin, you find very speedily that you come upon a few fibres of the inner edge of the sartorius, and that will direct you pretty accurately down to the artery.—[*The lecturer performed the different parts of the several operations described in his lecture, making the following observations.*]—This is the edge of the sartorius muscle which is here exposed; then close along the inner side of it we shall find the artery in connexion with the vein, and a small branch or two of the femoral nerve. The mode of passing the ligature under the vessel I have already had occasion to describe, therefore I need not say anything more upon that point. You find that the artery and the vein here are pretty closely connected, that they are enclosed in a kind of common sheath; and when you come down to the artery, which you easily distinguish in the living subject by the pulsation, you just scratch through this sheath so as to make a little opening by which you can introduce the extremity of the aneurism needle, and then you may pass it under the vessel with very great ease. This is the femoral artery in the situation in which it is most advantageously tied for popliteal or femoral aneurism; the portion of muscle which you see here exposed, is the inner edge of the sartorius, and this is the artery itself freed from the parts connected with it.—I shall tie the artery in the situation where I have passed the ligature under it, and take the portion out, that you may see the mode in which a ligature of this kind divides the internal and middle coats of the vessel. Now I draw the ligature as tight as I can, and then tie it into a knot. I shall now take out the portion of vessel which I have tied, and on slitting it up you will see the mode in which its coats are affected by a ligature applied in that way. Now here you observe distinctly that the internal tunics are completely divided.—The same mode may be followed in tying the artery under circumstances where it may be necessary to do the operation in any portion of the anterior part of the limb, as far down as to the part where it goes through the triceps, but in the case of aneurism in the ham, or about the point where the artery goes through the tendon of the triceps, the most eligible part for performing the operation is that which I have now pointed out.

Tying the External Iliac.—In the case of aneurism situated high up in the trunk of the femoral artery, so high that there is no room left between the origin of the profunda and the aneurismal sac for the application of the ligature, or high up above the bifurcation, into the superficial femoral and profunda, it becomes necessary to tie the trunk of the external iliac, the main artery of the lower extremity, before it passes out of the pelvis. In this case you tie the trunk of the *external iliac artery* behind the crural arch, where it lies on the surface of the psoas magnus muscle. Now, in order to do this it is obviously necessary that the external incision should not only pass through the skin and adipose membrane, but should also divide the muscular parietes of the abdomen. You first cut through the skin and adipose membrane so as to expose the tendon of the obliquus externus; you then divide that tendon, so as to expose the inferior margin of the obliquus internus and transversalis, and then you pass your finger under the edge of these muscles, and under the inferior portion of the peritoneum which lines them. In that situation the peritoneum is connected with the parietes of the abdomen and the vessels by a very loose cellular membrane, which readily gives way, and can be easily lacerated or separated, so that you can pass your finger through it, and come directly upon the iliac vessels where they lie on the surface of the psoas magnus; you therefore push the peritoneum aside, and take up the vessel where it lies in point of fact, behind the cavity of the abdomen. There are two modes of making the external incision in this case; you may either cut in a perpendicular direction just as if you had prolonged this incision which I have made below, carrying it parallel to the course of the iliac artery, or you may cut in a direction parallel to the crural arch. In performing this operation, especially if the subject be tolerably fat, you have to take up the artery at a considerable depth from the surface; you have to put your finger in to a considerable depth till you come to the artery, feel it, and detach it from the surrounding parts, guided only by your sensation, as you cannot see the artery; when you come to apply the ligature, therefore, you want space, particularly in the transverse direction; that is, at right angles to the course of the vessel. For this reason I consider it better to make the external incision parallel to the crural arch, than in the direction of the artery; it gives you greater room for executing a part of the operation in which more space is wanted. The operation, however, may be performed without very great difficulty in either way; indeed, I have myself, in different instances, performed it in both these methods, and found it easy by both of them to accomplish the purpose in view. Now, when I mention to you that the artery is seated deep from the surface, I do not mean to say that it is seated at such a depth as to make the operation one of a very formidable or difficult kind. If you feel in your own persons, you will find that by pressure on the parietes of the abdomen you can distinctly detect the pulsation; and in the individual on whom you are to operate you will generally, by pressing firmly in the situation of the artery, be able distinctly to perceive its pulsation; it cannot, therefore, be a matter of any very great difficulty to cut down upon and secure it in that situation.—One point which requires attention, is to avoid wounding the peritoneum. This you may easily do, for, as I have said, the peritoneum is connected only by a very loose cellular membrane to the walls of the abdomen, in the region in which the operation is performed, so that by introducing the finger, you can easily detach it and push it aside. You do not want to use a knife to cut in any part in the immediate neighbourhood of the peritoneum, and when you come very close to it, after dividing the integuments, and muscles of the abdomen, you find that the separation of the artery from its surrounding connexions will be completely accomplished by the finger, therefore you are not obliged to use a cutting instrument in the immediate neighbourhood of the peritoneum; but you may find (and I remember the circumstance occurring to myself the first time I performed the operation) that the viscera of the abdomen, covered by a peritoneum, are pushed out of the wound in the exertions which the patient makes, which would certainly in some measure embarrass you at first. It happened to myself only when I carried the incision parallel to the course of the vessel, and never where I made it parallel to the crural arch, so that this is perhaps an additional reason in favour of the latter mode of proceeding.—The incision may be made either straight or in a somewhat semilunar direction, with the convexity towards the thigh. This is the first step of the operation, and of course by it you expose the aponeurosis of the obliquus externus, which must next be cut through in nearly the same extent. I have now cut through the integuments and the aponeurosis of the external oblique, and this is the lower edge of the internal oblique. The rest of the operation consists in carrying the finger under this edge, dividing the cellular membrane slightly, and then we very quickly find the artery. This part of the operation is easier in operating on the living subject than on the dead, because you find a tremendous current of blood flowing through the iliac artery when you come to put your finger upon it. I should observe to you that you had better not attempt to take up the artery very close to the crural arch, because, although it is a little nearer the surface there, you come immediately upon the origin of the epigastric and circumflexa ilii arteries; they arise immediately behind the crural arch, so that you had better go about an inch above it; that is a convenient situation, and in several respects, for there is no vessel going off from the artery, either above or below that part for a considerable distance; at all events go high enough to be completely clear of the circumflexa ilii and epigastric. This is an important caution, for it happened to a very distinguished surgeon and anatomist in London, who performed the operation I am now showing you, that he tied the artery so close to the crural arch, that the ligature was found to include about half of the epigastric artery, so that no coagulum was formed, and the patient was lost in consequence of hæmorrhage.—I now pass the aneurism needle under the external iliac artery; and you now see that it is much more convenient to have the external incision at right angles with the artery than parallel to it, as you

have greater room in performing this part of the operation. This is the external iliac artery lifted up on the needle; you see it is just on the same line with the incision I made below over the femoral.

Tying the Carotid.—It may be necessary for you to operate upon the *carotid* artery, and I shall just cut down upon it to show you the situation in which it may be taken up. I should observe to you, however, in reference to the external iliac artery, that a difficulty has sometimes been experienced in carrying the ligature round the vessel, in consequence of the depth at which it lies from the external surface. This has a similar difficulty, and may be met with in operating on any other artery situated at a considerable depth from the surface, and surrounded by parts which do not allow of sufficient room for turning an instrument round the vessel; for in order to carry a ligature with this instrument round the artery, of course a certain free space is required. This difficulty has led different persons to construct various instruments for the purpose of carrying a ligature round a deep-seated artery. One of the best instruments of this kind is an aneurismal needle, devised by Mr. Weiss; it consists of three separate pieces; the needle is conveyed in the sheath of an instrument somewhat similar to an ordinary aneurism needle: there is another piece which admits of being taken off, and in which there is a little notch near the end, that fits to a corresponding projection in the handle of the instrument, while the other end which is curved, is made to clasp the eye of the needle, so that without seeing the point of the instrument when it is under the artery, I have only to fasten this piece on the handle, and to press it downwards, when it will at once clasp the eye of the needle, as you may observe, and thus the needle may be brought out from under the artery with the ligature attached to it. If you want to detach this moveable part, you may do it by giving it a sharp turn round at the point. You can carry this needle beneath the artery, however deep it lies, for with your finger, without seeing it, you can direct the point of the instrument under the artery with facility. The difficulty in those cases is not so much in carrying the needle under the artery, as in bringing it round it, so as to get the ligature out at the opposite side, and this difficulty is in a great measure overcome by the construction of the instrument which I now show you.—This is another aneurism needle, invented by Mr. Bremner; it consists of a flat silver canula, containing a steel spring, something like a watch-spring, with an eye at the end of it. The ligature is attached to this eye, and carried through two openings made in the back of the instrument; and when the canula has been passed under the artery, on pushing one end of the thin spring, the other will rise up, curving, from its elasticity, round the vessel, and carrying the ligature with it. By this means a ligature can be carried round an artery situated deeply, and where there would not be space for carrying round the ordinary aneurism needle. There are other mechanical inventions to answer the same purpose; but I may observe to you, that those contrivances are not very often wanted. I had an opportunity lately of seeing that the subclavian artery could be easily taken up—that a ligature could be passed under it by means of the ordinary aneurism needle.—In tying, then, the common carotid artery, you are guided to the vessel by the edge of the sterno-cleido mastoideus muscle. The artery runs up along the side of the neck, nearly parallel to the trachea, situated at the lower part behind the sterno-cleido-mastoideus muscle; but as it passes higher up, it emerges from under the edge of it, so that in general it is easily felt with the finger pulsating in that situation. In the side of the neck you observe a kind of triangular space, one edge of which is formed by the margin of the sterno-cleido mastoideus, another by the trachea, and these two unite at an acute angle, and just at the point where they unite, you will find the trunk of the common carotid artery. If you were operating for an aneurism of the carotid, you would not find it practicable to tie the artery just in the situation I have mentioned; the tumour may be situated low down in the neck, and you may find it necessary to tie the vessel as near as possible to the point where it emerges from the chest. At the edge of the sterno-cleido mastoideus muscle will, however, be the simplest and safest part for tying the vessel, if circumstances will allow you to operate there. We will suppose that the vessel in the present instance is to be taken up rather lower down; the fibres which you see here exposed, are those of the sterno-cleido mastoideus; and if you operate in this part, you soon find, on cutting down, that you come across the omo-hyoideus muscle which runs along the course of the wound. There is no great difficulty in taking up the carotid artery. You will recollect, however, that it is accompanied by two parts of considerable importance—the internal jugular vein, and the nerve of the eighth pair, the pneumo-gastric nerve—that the artery is situated internally nearest to the trachea; the vein is external, and the nerve between and behind them. In performing the operation, you will be guided to the exact situation of the artery, when you have somewhat exposed the parts by the pulsation: in the dead subject we have not this aid. I believe I told you before, that you need not be under any great apprehension of hurting an artery in putting a ligature round it, or think it necessary to approach it very cautiously. A very large artery is a pretty tough thing, requiring some little force to cut into it. Now here is the trunk of the common carotid laid bare with the handle of the knife under it: here you see the edge of the sterno-cleido mastoideus, and also the omo-hyoideus crossing the course of the vessel rather higher up.—It has appeared to me, that if it were necessary to tie the artery very low down, it might be a good plan to make the incision between the heads of the sterno-cleido mastoideus, between the sternal and clavicular portions; you might come there upon the vessel pretty directly, just where it emerges from the chest. I have now carried the incision through between the sternal and clavicular portions of the muscle, and you see the trunk of the carotid artery immediately where it emerges from the chest, situated precisely opposite to that interval, and just above the edge of the clavicle.—Aneurisms are by no means very uncommon in the trunk of the artery of the upper extremity below the clavicle, or in the axilla; when so situated, the only opportunity of curing the disease by performing the ordinary operation of tying the artery between the heart and the tumour, is to take it up above the clavicle, just after it has passed over the first rib. This is the situation for tying the artery for aneurism in the axilla, or immediately below the clavicle.—This is the situation in which the trunk of the artery is to be compressed, when you perform the operation of amputation at the shoulder-joint. You have not the opportunity in performing that operation of applying a tourniquet on the vessel; you must, therefore, trust to the compression by an assistant of the trunk of the artery, where it passes over the first rib, and where it affords a firm and safe place for compression. By means of your thumb, therefore, or an instrument calculated for the purpose, if you press firmly downwards and inwards, immediately behind the edge of the sterno-cleido mastoideus, you will, without fail, compress the artery against the upper surface of the first rib, and that is the situation in which you have to take up the vessel in the case of aneurism situated as I have mentioned. You will generally find, if you will press in this situation in the living subject, that you will feel the pulsation, and you may make the experiment in yourselves, and be able to stop the pulsation of the radial artery at the wrist. Supposing the parts to have their natural relations—supposing the clavicle to lie in its proper position, and that there is no swelling of any part about them, there is no very great depth of parts to be divided before you arrive at the trunk of the vessel in this situation; but if the aneurismal tumour be seated nearly upon the clavicle, or if, in consequence of the size of the tumour, the shoulder altogether and clavicle should be elevated by it, the artery may then be situated so deeply that you cannot feel its pulsation, nor by pressure upon it stop the pulsation in the arteries of the limb below, and so deep, that when you come to perform the operation, you experience very great difficulty in passing the ligature round it. For this reason it is very desirable, in cases of this kind, to operate early. Indeed, in aneurisms generally, the reasons for operating early are very strong. If the tumour increases in size, particularly in an internal part, as for example, between the clavicle and the chest, it is very likely to interfere with the important organs in its neighbourhood; it presses inwards, and produces absorption of the spine; it presses on the nerves of the axillary plexus, and produces great pain and inability to move the limb. No advantage whatever can be derived from allowing the tumour to increase in size. Heretofore it was thought proper to delay the operation, in order that the collateral channels in which the circulation was afterwards to be carried on should become enlarged; but now we know that the collateral circulation is adequate to the support of the various parts below the part where the main artery may have been tied; and if we suddenly tie the trunk where there is no aneurism at all, the parts below will get sufficiently supplied with blood. It is, therefore, totally unnecessary to delay the operation, in order to allow the enlargement of the anastomosing vessels. I have seen a case where an aneurism has been situated below the clavicle, where the operation has been delayed for the reasons I have stated, and where, in consequence of this delay, the patient was in such a state when it was performed, that we could hardly expect success from the operation.—The incision, then, in this case, must be carried parallel with the edges of the clavicle, and about half an inch behind it, towards the edge of the sterno-cleido mastoideus muscle. Sometimes it has been deemed desirable to detach the clavicular portion of the muscle from the bone, but that is not usually necessary. Then you cut down behind the clavicle, and make your way into the cellular substance towards the surface of the first rib, recollecting that it is situated below the clavicle. A little above the clavicle you have the large cervical nerves, which are descending obliquely into the axilla from the neck to form the axillary plexus, and lying above the artery. You distinctly see that you come upon the nerves in the course of this dissection; the artery is below them, and here is the natural situation of the parts where the clavicle has not been at all elevated; it is completely above the edge of the clavicle, which does not at all interfere, therefore with it.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 27th March, 1841:—

Epidemic, endemic; and contagious diseases	160
Diseases of the brain, nerves, and senses	147
Diseases of the lungs, and other organs of respiration	264
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	44
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	2
Diseases of uncertain seat	103
Old age, or natural decay	82
Violent deaths	22
Causes not specified	1
Deaths from all causes	865

Syria.—By a return moved for lately by Mr. Hume, M.P., it appears that the number of muskets sent out to, and landed in, Syria, since July last, amounted to 23,500, while the medical stores sent out was only £37 17s. 6d.!

Dr. Mayo was, on Friday the 26th ult., elected one of the physicians of the Marylebone Infirmary.

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THE ANATOMY ACT.

LETTER VIII.

TO THE RIGHT HON. LORD MELBOURNE.

My Lord,—In my last Letter I solicited your Lordship's attention to the course pursued by the commissioners appointed by your Lordship's government to inquire into the working of the Anatomy Act. The control of that Act of Parliament is under the immediate direction of the Secretary of State for the Home Department; and those parties who are conversant with the facts cannot doubt that the government has ample means, without the aid of a commission, to ascertain that great abuses existed in the administration of the Act. If proof were required upon this point, it is furnished by the fact, that government selected persons to form the commission who were bound by their own interests to evade honest inquiry. Application has been made to the proper authorities for a copy of their report, and refused, which proves that they wished to conceal their proceedings. Perhaps the commissioners thought their report of no value, knowing as they must the estimation in which it would be held by the public.

Here, my Lord, I pause, and earnestly entreat your Lordship to review the facts which I have placed before you.

I will give your Lordship a quotation from the writings of that eminent man, Judge Blackstone:—

"The dearest interests of this country are its laws and its constitution. Against every attack upon these, there will, I hope, be always found amongst us the firmest spirit of resistance, superior to the united efforts of faction and ambition; for ambition, though it does not always take the lead of faction, will be sure, in the end, to make the most fatal advantage of it, and draw it to its own purposes."

It is now my business to show that the government, in their control of the Anatomy Act, have pursued a course diametrically opposite to the opinion of that eminent constitutional lawyer.

First—That the government have sanctioned, if not directly, indirectly, the violation of the law.

Second—That the constitutional resistance on my part, which is recommended by Judge Blackstone, has been most strangely adduced, by an English lawmaker in the House of Commons, with the sanction of the government, as an excuse for confiscating my property. My Lord, it was once considered that the advocacy of the power of the law, by the subject, was deemed meritorious, but in the present enlightened age it is exposed to pains and penalties.

Third—That the contravention of the law has been connived at by the government to serve the interest of the worse species of ambition and faction.

In reference to the Anatomy Act it is absolutely necessary to bear in mind that that Act of the Legislature is contemporary with the establishment of University College; and that its promoter and many members of the government have a pecuniary interest in the College. It will be also requisite to remember that the school of anatomy attached to the corporation is its chief means of emolument.

I feel confident, my Lord, that no person will have the hardihood to deny the general contravention of the Anatomy Act. But to make my statement clear, I will refer your Lordship to the 6th clause of the Act; which provides, that not fewer than three inspectors shall be appointed at £100 per annum each, salary and reasonable expenses of office. Instead of that provision being complied with, one inspector only is known for all England and Scotland, and he has been paid above £800 per annum. Then again the Act (clause 13) provides that all bodies, after having been dissected, shall be buried according to the religious faith of the person to whom the body belonged. Instead of this clause being carried into effect, in numerous instances the brains and bowels of the poor are left at the workhouse, and their dismembered bodies sent to dissecting schools; and there, after they have been cut up, are allowed to rot in a mass with the remains of other bodies. Some others are dissected, and having a hole bored in their skulls are thus suspended and dried as entire skeletons; others again have their limbs separated and are then made a source of gain by the sale of their bones. These acts of contravention have been before my eyes, and many hundreds of persons have seen them as well as myself. The government have the control of the Anatomy Act, consequently they are reponsible for all the wrong done under it.

Were it necessary proof upon proof might be given to establish the fact, that the government have year after year had their attention uselessly solicited to the injury done to society by the wilful contravention of the Act. But, my Lord, without going further into detail, I feel convinced that this part of my argument is incontrovertibly established.

It would seem, my Lord, that the promoters of the Anatomy Act were so anxious to carry that measure through Parliament, that *delusive* provisions were introduced into it, for which no means were provided to give them effect in the working of the Act. Some time since I asked a teacher of anatomy how it occurred that provision was made in the Act for the burial of dissected remains according to the religious faith of the person to whom the body belonged; and yet that no precaution had been taken to preserve identity. The answer he gave me was, "O, that clause was introduced to soothe public prejudice!" leaving me to understand that because the subjects were the remains of the poor and destitute, that it was no crime to deceive that class of the community. If it be a fact that it is no crime to act illegally towards the poor, then, my Lord, the government teaches the poor not to respect the laws.

I will now, my Lord, proceed to the second point in this case. In the early part of the year 1836, I brought under the notice of the government an antiseptic process, which, by by affording the means of preserving identity, would give legal effect to the operation of the Anatomy Act; consequently whatever plea the advocates of the Act might have made prior to 1836 for contravening it, after that date it would have been very easy to have enforced the Act. I thus prove that one of the benefits of my invention was the means which it afforded to legalize the operation of the Anatomy Act; and that the government were aware of that fact in 1836.

My Lord, in this country it is a recognised principle that every person's property should be respected. In this case I had expended my money, time, and faculties. It then became necessary that I should make arrangements to reimburse myself. I entered a *caveat* to obtain a patent right; but at the request of some of the most eminent members of the anatomical profession, and Mr. Warburton, who is looked upon as the government medical oracle, I abandoned my intention of a patent, because the gentlemen above referred to considered that a patent would restrict the use of the invention, and thereby deprive the public of its benefits. It was then agreed that government should be recommended to take up the invention, in aid of the objects of the Anatomy Act, and Mr. Warburton undertook to advise the government to adopt it. Allow me, my Lord, to impress upon your Lordship, that had the government desired to give legal effect to the Anatomy Act, I should have been, under a patent, well remunerated. But as it was suggested that it would be better for the utility of the invention that the government should adopt it, I consented to the arrangement.

I have yet only referred to the necessity of the invention so far as the government are concerned as directors of the execution of the Anatomy Act. There are other public advantages to be derived from the invention. To prevent your Lordship supposing that I am too partial to my own opinions, I will give you extracts from three certificates, signed by anatomists of high standing in the profession.

Charter House-square, May, 1836.

Having witnessed the results of the experiments of Mr. Roberts, instituted for the purpose of arresting the progress of decomposition of animal matter, I am of opinion that Mr. Roberts' plan has proved highly successful; and that the desired end has been accomplished without producing either hardness or dryness. I am likewise of opinion, that the above invention may be advantageously applied *in aid of* the *difficulties that at present attend the study of anatomy, by dissection, in this country.*

(Signed) FREDERICK C. SKEY,
Lecturer on Anatomy, Aldersgate-street School.

Lancaster-place, March 19, 1836.

Sir,—As the Schools of Anatomy are not at present supplied with *above one-half the number of bodies required for dissection during the winter*, and as the deficiency is particularly felt during the mild weather at the beginning of the session, your antiseptic would be valuable in preserving such unclaimed bodies as might be given up by the parishes during August and September; by this plan there would be something, at least, for students to work on.

Of course, your preparation, by keeping the atmosphere of dissecting-rooms sweet, *would contribute in an important degree to the health of the students.*

RICHARD PARTRIDGE,
Professor of Anatomy at King's College.

Mr. Roberts.

(Extract.)

46, Lincoln's Inn-fields, March 21, 1836.

Sir,—I beg to say that I cannot doubt that the general use of your antiseptic process will render the number of subjects available for the purposes of dissection, and the regularity of the supply, by far greater than at present, since without the means of preservation, *which your plan alone offers*, many subjects must be completely *lost* and *wasted.*

Mr. Roberts. JOSEPH HENRY GREEN.

The government had many certificates from me in 1836, and amongst the rest the above; they establish several points which I supposed would have been considered additional reasons for the government to have adopted my process. First: That the supply of subjects was not above half the number required. My invention meets that check to science, by giving facility for dissection during the six summer months, as well as the winter ones, thereby giving a double supply; and I may add that one preserved body, under my process, would give more information than can be obtained from many bodies allowed to decompose; consequently it would relieve much of the anxiety of the destitute poor against being dissected, as so much smaller number would be required; it would also afford the means to preserve identity of subjects. Second: That it would prevent the loss and waste of subjects. Third: That it would preserve the health of pupils.

I was much surprised, my Lord, in October, 1836, to find that a combination, called the

Anatomical Committee, was formed, in conjunction with Dr. Somerville, the government inspector, for the purpose of aiding the latter in obtaining from workhouses an increased supply of subjects. This committee consisted chiefly of anatomical teachers, opposed to summer dissection, not because summer dissection would not be of great value to medical students, desirous of acquiring proficiency in their profession, which winter dissection cannot afford, but because the teachers would be obliged to give instruction for a longer period in each year.

There may be allowance made for the teachers, some of the private lecturers having suffered to a great extent for want of subjects; and as an inducement to join the committee, these teachers were promised some facilities in the supply which they did not before possess; but that excuse cannot extend to the inspector, he being the servant of the public. He knew, or should have known, that he was not justified in aiding an increased supply of subjects, when those already obtained were not used in the way they ought to have been applied, in conformity with the Anatomy Act.

The combination of some teachers of anatomy and Dr. Somerville convinced me that the inspector was opposing my invention. I then drew Mr. Warburton's attention to this new committee, and to the inspector's conduct in the transaction; but I found that Mr. Warburton evaded the subject. I then looked at the relative position of Mr. Warburton and Dr. Somerville. Mr. Warburton, my Lord, is the recognised director, or adviser, of the government in medical matters, and more particularly of the Anatomy Act; he, therefore, could have directed the government to censure all acts of impropriety committed by Dr. Somerville, who only holds his appointment at the pleasure of the Home Office. The manifest intention of Mr. Warburton was to create delay, and to lead me to suppose that the government and not he were to blame for it. The procrastination on the part of Mr. Warburton, enabled Dr. Somerville and the Anatomical Committee to mature their arrangements to supersede, to some extent, the value of my invention, by inducing Unions and Parish Boards to give them an increased supply of subjects. In July, 1837, I again urged upon Mr. Warburton the injustice which his procrastination was entailing upon me, and when I found he still adhered to his favourite scheme—delay—I handed him a copy of a handbill, which I told him I should put into circulation, unless he would consent to bring the negotiation with the government to an early termination. However, nothing but further delay would do to serve his object.

Permit me to remind your Lordship, that I had then received abundant evidence of the duplicity of Mr. Warburton, Dr. Somerville, and some other persons; they, therefore, could not expect that I should treat them with that respect which is due to honesty and honour.

It is not necessary to republish here this handbill, which was read, as published, by Mr. Warburton as part of his defence in the House of Commons. It is enough to say that this handbill induced several parish boards, which supplied pauper subjects to anatomical schools, to request Dr. Somerville to meet me before their boards, but the Doctor always declined to attend any meeting when I was present. The consequence was that several unions and parishes withdrew their supply.

I have been denounced by Mr. Warburton and others as an enemy to anatomical science. Your Lordship will not expect that I shall waste pen and ink, and your time, in clearing myself from their charge. An individual who, like myself, has devoted all his talents, and many years, and much expense to an invention (which is calculated to advance and improve anatomical science, even upon the showing of my traducers) can well afford to allow that such men should knowingly violate every principle of truth, when they find that the exclusion of my invention from the dissecting-rooms will materially add to their emoluments.

My Lord, for the present, I leave these facts to produce what weight they may upon your Lordship's mind.

Next week I will resume the subject.—I have the honour to remain, my Lord, your most obedient and humble servant,

W. ROBERTS.

6, Old Fish-street, Jan. 11, 1841.

ON THE NATURE AND IMPORTANCE OF VACCINATION.

More particularly addressed to Non-Professional Readers.

(Continued from p. 368, Vol. III.)

IT has been said that "vaccination will not at all times prevent the occurrence of small-pox, for cases of this fever are continually presenting themselves in patients who have been vaccinated." I wish not to be too sanguine in contradicting this statement; but I would ask, has every circumstance connected with vaccination been, in these cases, carefully attended to?

An eminent physician to a small-pox hospital has given us his opinion upon this subject in the following words:—"Taking all the evidence that has been offered us by small-pox after vaccination, it appears that we must seek for its cause partly in the imperfect saturation of the system with the vaccine influence, and partly in that law of the animal economy which regulates the susceptibility of variolous, or small-pox contagion."

Again, it has been asserted that "although vaccination will not keep off an attack of small-pox, yet it certainly modifies this disease, and fatal consequences *do not ensue*." This is a statement of importance; it merits our attention, and if correct, argues much in favour of the operation. In cases of small-pox, "after vaccination," says a learned writer, "so completely altered is the appearance of the eruption by the influence of previous vaccination, and so extremely mild is the character both of the fever and the eruption, that the true nature of the disease could never have been suspected by one who had not observed it in a variety of instances, and marked the *insensible* gradations by which its characters run into each other. The danger attending it is very small."

Another writer upon this subject says, "Cow-pock does not in every instance give immunity from small-pox, but it disarms this scourge of its terrors; it renders one of the most formidable diseases incident to humanity one generally of extreme mildness, and no danger, to say nothing of the very large proportion of those subjected to its influence, who pass through life unscathed by small-pox in any, even of its most modified forms."

Allowing, then, that small-pox sometimes appears in a modified or mild form after the employmont of vaccination, but that its influence is powerfully resisted by the previous saturation of the system with vaccine matter, so that this disease is deprived of all its distressing characters, we must come to the conclusion that vaccination produces incalculably good effects upon the human body, when the vaccine pustule runs through its regular stages, and presents its healthy appearances. I am inclined to believe that it is in reality a perfect preventive to the occurrence of small-pox, when every circumstance connected with its introduction into the system is duly considered and provided for, and cannot satisfactorily understand why, in some cases, it should merely modify an attack of small-pox, and in others, prevent it altogether. It could not exert even a modifying influence if the system had not, in some measure, been affected by the vaccine lymph.

As modified small-pox appears to be a disease resulting from the operation of the contagion of this fever, upon a system previously brought under the influence of vaccination, is it unreasonable to presume, that its partial failure arose from some latent impediment to the complete saturation of the system? Whether this opinion be correct or not, we are not justifiable in condemning the practice of vaccination, because we hear of some cases of small-pox occurring in patients upon whom this operation has been performed; for if it can do nothing more than mitigate the symptoms of so malignant a disease, even on this ground it demands our warmest support.

My object in writing this paper, is not to enter into controversy upon so important a subject as the one under our notice, but to lend my humble aid in the general attempt to obviate and remove the existing prejudices against vaccination; to communicate the necessary information to those who may require it; to call the prejudiced to an impartial examination of the evidence afforded in its favour by the first and best authorities; and to lead an enlightened public to reflect upon the many things which have to be considered, in connexion with the introduction of vaccine matter into the human body.

INOCULATION.—I cannot conclude my remarks upon the subject of Vaccination, without saying a word or two on the injurious and illegal practice of inoculation.

Inoculation is the introduction of the matter of small-pox into the system, by a process similar to that of vaccination; and as cow-pox may be rapidly conveyed through any village or city in a short space of time by means of the latter, so likewise by inoculation may small-pox be propagated among the community with the former.

In the one instance we generate a disease of so mild a nature, as scarcely to produce any constitutional disturbance, and in the other we diffuse a malady which may develop itself in the most malignant form. It is but a short time since that a gentleman, upon whose veracity I can depend, informed me of a case of death from small-pox introduced by inoculation.

By vaccination, we render the body, if not altogether impervious to the contagion of small-pox, in a great measure insusceptible of its destructive influence. By inoculation, we extend the limits of a disease, which all the art of medicine is attempting to concentrate into a point, and to erase from the catalogue of diseases. In a word, by practising the system of inoculation, we are violating the laws of our country, and subjecting ourselves to a criminal prosecution.

The sentiments expressed by the Board of the "National Vaccine Establishment" on this subject may be seen in the following quotations—

"As inoculation of the small-pox is altogether unjustifiable, the Board have resolved, that if any vaccinator of this establishment shall so inoculate, his name be erased from the list."

"It is proper it should be known, that persons exposing patients affected with small-pox, and Medical Practitioners and others who inoculate that disease, and concur in such exposure, are liable to a criminal prosecution for the offence."*

* "See the cases of the King v. Sophia Vantandillo, 4th Maul and Selwyn's Reports, p. 73.—The King v. Burnett, 4th Maule and Slewyn, p. 29 2."

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TO CORRESPONDENTS.

RECEIVED—

A Report of the Liverpool Eye and Ear Infirmary, for the Year 1840.

On the Cure of Strabismus. By Thomas Elliott, M.R.C.S.L.

ANOTHER COUNTER-DRUGGIST-SURGEON, &c. "*Turner, of Merthyr-Tidvill, advertises himself as Surgeon, Druggist*, Stationer, *and* Bookbinder!"—*A correspondent says, "I was much pleased with the strokes of wit you dealt out on the relationship of* GREEN GEESE *and* ANGELS. *A lady, a friend of mine in the neighbourhood of London, tells me she has seen something of the procedure adopted by the* DRUGGIST-SURGEON, *and that they commonly insinuate themselves into the good graces of private families by tea-drinking, and otherwise playing the agreeable, and tickling the vanity of house keepers, nursery-maids, footmen, and butlers." My friend was once somewhat amused, but much more annoyed, by one of these* would-be *doctors, "we medical men" as she tells me they style themselves; entering with her most gratuitously, and in the presence of a regular practitioner, upon the particulars of the case of a child, to whom, in the house of a friend, the irregular had been called, no doubt at the instance of the nurse. He said, "that the vulgar conceit of the fellow was ludicrous, but past all bearing, to say nothing of the embarrassment he occasioned by the modesty of his details."*—Anti-Irregular.

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THE MEDICAL TIMES.

HOUSE OF COMMONS.—April 6.

MR. HAWES gave notice, that on Wednesday, the 21st instant, he should move the second reading of the Medical Reform Bill.

ON LEGISLATIVE OR EXTERNAL REFORM OF THE MEDICAL POLITY OF GREAT BRITAIN.

ON the 3rd of October, 1840, we commenced a series of leading articles on Medical Reform. From that date to the 2nd of January, 1841, we continued a comparative view of the *Institutions* of the profession in the United Kingdoms and France. The subjects comprised, 1st, 'The General System of Medical Government in the United Kingdoms and France,' (No. 58, *Oct.* 31, *Vol.* III.) 'The Grade and Education of Apothecaries, (No. 59.) Physicians and Surgeons,' (No. 61.) 'The General System of Medical Education and Government,' a second article in No. 62. The 'Legal Suppression of *Quackery* exemplified by the Faculty of Physicians and Surgeons of Glasgow,' No. 63; and the 'Union and *Equality* of *Medicine* and *Surgery* in *Education* and *Degree*,' No. 65, Jan. 2, 1841.

At this last date, from some changes in the management of the 'Medical Times,' these articles were discontinued, but we are now about to resume them. We shall now conclude the first series, all of which are on matters of Medical Politics, of great general interest, with a few discussions of the grand questions of *Quackery*, *Patronage*, *Competition*, *Privileges*, *Social Treatment*, and *Payment* of *Medical Men*, and other very pressing and important topics, which the whole body of Medical Reformers are bound, once for all, to look boldly in the face, and meet now, promptly and firmly, after coming to a just understanding among themselves as to the difference between *right* and *wrong*, and between the false and real causes of the alleged modern *Demoralization*, *Degradation*, and *Debasement* of the *Medical Profession* in the United Kingdoms.—Bills are coming before Parliament that call for vigilance, and close scrutiny into every detail.

Having thus demonstrated the great political and institutional abuses and evils of the profession, it is our intention to notice the various alterations and reforms proposed by Reformers and in Bills, for each particular abuse in detail, as concisely as possible; to suggest such provisions as appear most expedient, practicable, and useful, upon mature deliberation and judgment, and show, in a practical manner, what improvements we can borrow from countries not so barbarous and backward in medical legislation as our own.—It will be time enough thereafter to give a COMPARATIVE EDUCATIONAL SERIES, in which the systems of preliminary and professional education, in the more enlightened and civilized countries of Europe, will be compared together, and the truth, the whole truth, and nothing but the truth, be told respecting the present state of medical education here.

We have, above all, most ardent hopes of an impression being made by the statements and opinions collected, not only from books, but after residence in *three University Schools* in the three kingdoms, and *one* on the continent, from the mouths of the first medical legislators and teachers in Europe. We have devoted thirteen years to the making of collections on the *History*, *Institutions*, and *Ethics* of the profession. We have published one work, and numerous communications on Reform, and we have fought a battle for some years, in which our private interests have been deeply committed and jeopardized by influence, prejudice, and oppression. We desire a broad, liberal, comprehensive, and enlightened Reform, under a judicious, practical, and operative system, likely to work harmoniously, and not to fall back into disorder, empiricism, and malgovernment of the present regime. In the form of epitome, synopsis, and aphorism, we hope to present, without prolixity or too tedious detail, such a view of experimental and practical facts and principles, such a *multum in parvo* of information and reasoning, that every principal topic may be condensed into one *coup-d'œil* under each head, and be seen and comprehended, at one glance, by every member of the profession, as yet only partially acquainted or interested in particular or detached points, without extended views. The subject has ever been treated in a loose, negligent, and imperfect manner, with great division of opinion and plan. It has never been viewed as a whole. Crude, desultory, and opposite schemes, directed by pique and exclusive interest, rather than mature, judicious, and deliberate counsels, have been offered.—We say, that the grand aims and ends of Medical Reform are very ill understood in *all its bearings* in the protection of the interests of the *Profession* and the *Public*, and on the better security and treatment of the SICK of all ranks. Habit, self-interest, insular prejudices, indolence, and apathy, have hid the various shades and lights of good and evil, wrong and right, from the clear view and heartfelt interest of the *great body of Country Practitioners*. The genuine importance of a free and efficient reform, as a restorative and conservative measure, to avert that total, inevitable, and irreparable ruin, of which we have such close and ominous threatenings, is not felt and appreciated as it ought to be. The chief reasons of our supineness, immobility, indifference, and disunion are, that the *greatest cause* of *all* concerns our remote more than our immediate interests; that every man has his egotism, self-interested feeling, and *crotchet*, of his own, by which he supposes he can pursue his separate path, alienated from the common party and common cause, with no regard for the general interest of the profession, and no view but private and personal selfishness. Reform will put no money at *first* into the pocket, but it will prevent a great deal going out. Others are wearied by expectation long deferred. We shall review these and other moral obstacles and prejudices to REFORM. We shall also give a SERIES of SKETCHES of our principal institutions and grades of the profession, pointing out their advantages and anomalies, particularly the Corporations.

ST. THOMAS'S HOSPITAL.—There are to be two additional Assistant-Surgeons to this hospital. The following candidates are already in the field—James Bartley Esq., Benjamin Travers, Jun., Esq., and Samuel Solly, Esq., the talented translator of Müller's 'Intimate Structure of Secreting Glands.' We understand that the two former gentlemen will be elected in consequence of the latter having given some "*osseous*" offence to Mr. Mackmurdo.

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THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XIX.—THE LAST NIGHT IN ENGLAND.

(Continued from p. 306, Vol. III.)

It would be next to impossible for me to describe the awful rage into which Messrs. Tunk and Crips flew, when they were so unexpectedly saluted from above; and to add to their anger, the bottles were not quite empty, so that a very fair sprinkling of stout was added to the numberless pieces of broken glass that covered their table, which chiefly directed itself against Mr. Tunk's white waistcoat and gloves, which he had worn at a party the evening before, and had now been receiving second-hand value from their slightly tarnished appearance in the boxes of one of the theatres, where he had been half-price with his companion, standing sixpence to the box-keeper for third rows in the dress circle, and then looking round the house with an old opera-glass between the two, and fancying themselves men about town. Their first movement was that of instant attack upon their aggressors, but chancing to remember that both of them would, in all probability, get a sound thrashing if they were at all abusive, (for Swubs and Okes had been longing for some time past to pitch into them in consequence of their disgusting conceit and lickspittle propensities towards the great men of the school,) they merely muttered something about "not staying any longer in such company," and rose to leave.

"What's all that you're talking about?" asked Swubs, who had no idea of their getting off so easily.

"We had rather not have anything to say to such society," answered Mr. Tunk, very grandly.

"I should think not," returned Swubs; "you must have felt very uncomfortable all along at being in the presence of those who are so much above you. Will you take any more stout?"

Whereupon Swubs took up one of the black bottles from the table by its neck, and made pretence as if he was going to launch it at Tunk's head.

Mr. Tunk grasped his black cane at this last symptom of aggression, and held it up in a threatening attitude, at the same time gasping out, "You do!"

"And what then?" asked Swubs, calmly.

"You'll see very soon," returned Tunk, again lifting up his smart cane—all snobs carry smart canes.

"Oh, that's it, is it?" rejoined the unshaken Swubs; "very well. Now look here—your cane cost a good deal, and will break at the first blow. I gave twopence for mine in the Strand. It's not very handsome to be sure, but it's a rum'un to hit, and perhaps you would like to see it in action;" which retort Swubs accompanied by drawing his hooky stick from under the seat, and having first poked the fire with it, tried its elasticity by hitting very hard at some perfectly ideal antagonist, and then laid it in form before him on the table.

Mr. Tunk quailed, and to tell the truth so did Mr. Crips. They were both bigger men than Swubs, but then our friend was all bone and muscle, and no bad hand at single-stick, which had been proved on Saturday afternoons in the dissecting-room. They accordingly looked exceedingly indignant, and withdrew from the supper rooms, Mr. Swubs celebrating their retreat by thrusting his hands into his coat pockets, and then flapping the tails like wings, he commenced crowing like a cock before the fireplace; whilst one of the young ladies at the other table saluted them as they passed with the empty heads of two lobsters—not a very ladylike performance, to be sure, but it was past two in the morning, and young ladies in oyster-rooms at that time are not quite so coy and reserved as they are at an evening party some four or five hours earlier.

It is needless, for the plot of the story, to follow the three students in their endeavour to get rid of the night, to any of their other haunts of this most eventful evening—perhaps too we had better not. It will suffice for me, the faithful chronicler of their deeds and actions, to say, that as St. Magnus' Church struck a quarter past five, they found themselves in Thames Street, close to the wharf at whose side the City of Boulogne steam-boat was lying, preparatory to her departure. Although it was still dark at this early hour, there was a tolerable share of bustle in the neighbourhood of the quay. Trucks were discharging their contents on the floating platform below, passengers were even now arriving, and lights passing backwards and forwards in the cabin window, showed that they were alive and moving on board, whilst a stream of vapour, catching its visibility from the gas-lamps on the wharf and London Bridge, was rising from the spare-steam funnel, and breaking into occasional whiffs, as the paddle-wheels sullenly turned a stroke or two backwards and forwards, like a musician indulging in a few runs and notes to himself, that he may ascertain whether all is right for some great performance about to commence.

As they stepped upon the plank to go on board, Whipples held out his hand to bid them good-bye; but on Swubs' representation that it was too late to go home, and too early to go to the school, and that, moreover, he might as well see them fairly off, Joseph yielded to their persuasions and accompanied them into the fore-cabin, where they had determined to go, Mr. Okes observing that when they had once paid their passage-money they could walk about where they liked, and it was several shillings cheaper. Having deposited themselves with tolerable comfort amongst some boxes and carpet-bags, they began to talk over the adventures of the evening, interspersing their conversation with occasional commissions to Whipples as they recollected them, relative to the "taking out" of various dissecting cases, and the guardianship of divers skulls and female pelves that were in the macerating trough. By degrees, their articulation became rather indistinct and unconnected, and in another half-hour, in spite of the overhead rumbling and shuffling proceeding from the arrival of passengers, the trio had gradually fallen fast asleep, Whipples dreaming that he had passed the Hall and the College on two successive nights, without grinding, and that he had received the compliments of both Courts; and Swubs and Okes that they were regularly attending the Paris hospitals, and dissecting eight hours a day at the Clamart—both visions equally likely to be verified.

HUMBUG OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of the 'Medical Times.'

The principles which the British Medical Association advocated, we stated in our last letter, were such as would win the sympathy and support of the profession generally. They comprehended the great leading principles of Medical Reform, as they have been urged in the different periodicals for the last twenty years. There was nothing novel, nothing original in the leading principles which they drew up and circulated as the tenets to which they were attached. They owed not their paternity to the Association; in the details where they ventured to devise anything original, they ran into impracticability and absurdity, and have since been obliged to abandon them as untenable and visionary. This was the natural consequence of not having at its head men of sufficient ability to guide and direct its movements, to give energy and strength to its deliberations, or enter with that spirit, boldness, and energy befitting a body of men who volunteered themselves to lead, to pioneer the way to reform. A littleness of mind and illiberality of proceeding, a jealousy of each other characterized all their proceedings.

The President and a few of his satellites carried across the borders a spirit of clanship unworthy of the cause in which they were embarked, and on the most trivial questions there was a desire to thrust themselves forward; and to succeed in the object, however insignificant, they never felt it derogatory to have recourse to stratagem and manœuvre. It had the effect of dividing the council into sections, composed of the little knot or nucleus which first selected the President, and clung to his fortunes.

An Irish party, with Dr. Lynch, (for whose name appeared that of Dr. Ryan in the account of the meeting at Exeter Hall, which appeared in our last number) at their head, with considerable debateable ability, impatient of restraint, and ardent in their anticipations and advocacy of reform, they soon became indignant at the arrogant pretensions of this party. They spurned his dictation, and at every meeting where a large number of the council were present they always prevailed. This party was generally in opposition; they sternly adhered to principle, and on no plea or expediency would they, without protest, admit of its violation. Mr. Simpson, the writer of a very able article in the 'Quarterly Review,' strongly censured the practice, which he considered reprehensible, and as a matter of course, for such bold and manly conduct, he incurred their displeasure.

This clique was in the habit of meeting privately, and concocting their measures before the council met; of opening correspondence with great men; of appointing deputations without consulting the council, and doing various acts contrary to the rules and regulations of the Association. Cunning has always only private selfish aims in view, and sticks at nothing which may make them succeed. This party, who could not conceive that a person would disinterestedly exert himself in the public cause without being actuated with a hope of place, regarded every man who distinguished himself in the struggle for reform as a rival in the race for place. Dr. Maunsell, who had laboured incessantly on the other side of the channel, who had roused the brethren there to a sense of their degradation, was supposed to stand in the way of the President for the situation of registrar under Hawes' or Warburton's Bill, was assailed with the greatest acrimony and vituperation. The curs that dare not give tongue if he were within the bills of mortality, raised their little throats and barked at him. The outlines of the plan of reform, as drawn up, were a compilation and concoction from the pages of the Lancet, as they appeared at different times in that journal. It owes its continued existence to the breath and countenance of that periodical; as its child, it feels some interest in its thriving; and occasionally its conductors look in and extricate them from any difficulty or dilemma in which its stupidity may have involved it. This Association professes to be democratic in its composition and practices. The council is supposed to be elected by the members, and be the faithful representatives of

those 170 persons who have subscribed. They pretend to go through the farce of electing the council by ballot. The same clique retire to a private room, and return and declare the election on all those whom they choose to name. It is a well-known fact that the council criminate each other, and that the great body have only the form or appearance of having a choice. At the time when the profession was divided in opinion regarding the measure of reform which should be supported—when many were disposed to modify, not destroy the present corporations—when others were anxious to accept the concessions proffered by the heads of the colleges, they shrunk from calling the profession together, in order that it might impartially declare its opinions, lest it would not sanction an insane scheme of reform got up by Dr. Webster, entitled "Heads of a Bill for the Profession," which they were sanguine in carrying. This Bill was stuffed with incongruities; it created however many berths, such as registrar, assessors, treasurers, examiners, and councillors; and in the fulness of anticipating the sweets of office, they had the modesty to carry a resolution, declaring that the council of the British Medical Association should be the council under the new bill, which was to annihilate all other corporations! The very wise, prudent, and disinterested reason assigned was, lest the living principle of this one-faculty scheme might be endangered or rendered inoperative if not intrusted to those reformers from whom the bill emanated. On a reflection, they discovered that they were reckoning the chickens before they were hatched, and that if it became known that they had the presumption to exclude the high and mighty in the commonwealth of medicine, they would be courting and provoking their hostility. They rescinded this resolution, and, forsooth, generously and liberally granted permission to such men as Sir James Clarke, Elliotson, and other celebrated men, to indulge in the hope of being allowed to sit with them upon the council.—Dr. Lynch, we recollect, told them that they were induced to follow in the wake of this measure as the shark does the ship, to pick up whatever garbage that may be thrown overboard, or words to that effect. Mr. Howell, Mr. Crisp, and Mr. M'Cann, and the spirited secretary, honestly but firmly censured and ridiculed their proceedings in vain. In the next we will give an insight into the election and proceedings of the delegates. The sad fate of their own favourite scheme of reform, and the lamentable situation in which the president and his party find themselves: well may they exclaim—

"Ingulf'd, all helps of art we vainly try
To weather leeward shores, alas! too nigh."

"THE PROBE."

ON THE EMPLOYMENT OF CIMICIFUGA IN CHOREA.

BY DR. KIRKBRIDE.

The Cimicifuga Racemosa of Nuttall, or Black Snake Root, was several years ago brought under the notice of the profession by Dr. Young, Pennsylvania, as a valuable remedy in Chorea, and Dr. Kirkbride has given seven additional cases, which go far to prove the efficacy of the remedy as a cure for that disease. He usually employed free purging for a few days before beginning the administration of the snake root, which was given either in substance or in decoction. No other medicine was required during the period of its administration, and the cures were in general complete within four weeks after its use was commenced. Dr. K. was unable to ascertain in what manner this root produces its physiological effects, as in the largest dose in which it had been exhibited, it had no very evident action on any organ of the body. The bowels were in general moderately open during the use of the remedy, but nothing like purgation was ever produced.—*Am. Journ. of Med. Science.*

SYDENHAM COLLEGE MEDICAL SOCIETY.

(Continued from p. 8.)

THE tænia solium, or common tape-worm, measures usually from five to ten feet. The name of solium, or solitary worm, is not strictly applicable to it, as it is well known that it may co-exist with several others of its own or even different species. Tape-worms twenty feet long are by no means rare, but they are seldom passed entire; single joints often come away, especially in children. Sir A. Carlisle conceived that the detached joints were capable of becoming distinct animals; but this opinion is found to be erroneous.

There is another species met with, the tænia latum, which is shorter and broader, and usually exists in cavities, three or four in an individual, and from twelve to fifteen feet long. These worms generally reside in the small intestines, where it does not appear they produce any important lesions, and they are far more frequent in adults than in children, and in the dog than in the human subject; and they are more common in some countries than in others, especially in Switzerland.

May not those little bodies, absurdly called *glandulæ* pacchioric, and which are not found in the brain till between the second and third year, be entozoa?

The echniococcus has been found in the brain, liver, spleen, omentum; the spiropleza hominis in the urinary bladder, besides various spurious worms, as they are termed by pathologists, as horse-botts inhabiting the alimentary canal and rectum; the œstris occupying the nasal sinuses of the sheep and stag; and the œstrus humanus, described by Linnæus and Humboldt, as occurring only in the warmest regions of America; and the Rev. Mr. Hope, the learned entomologist, has given an account of upwards of 100 cases of spurious worms which have been found infesting the human body: and, in conclusion, there is no end to the marvellous cases of bees, caterpillars, spiders, millipedes, snails, lizards, toads, frogs, and even serpents, having been thrown up from the stomach, or discharged from the intestines, which the records of our profession furnish. Many of these cases, gentlemen, we must admit *cum grano salis*, and it is highly probable that in numerous instances deception has been practised to a very great extent.

Having thus briefly considered the various entozoa infesting the human subject, (and as the symptoms which they produce, and the lesions which they give rise to, are so well known to most here present,) I shall at once proceed to allude to their origin, and the mode of their development, and, in conclusion, offer a few remarks on the treatment that has been found most successful in effecting their expulsion. From the nature of their local habitation, and the remarkable circumstances under which these animals are produced, their origin and mode of development offers indeed a wide but difficult field of observation, and one though, fortunately for science, explained by the talented Rudolphi, Bremset, Owen, &c., has at present tended to throw but little light on one of the most intricate subjects that has ever occupied the human mind. Some helmenthologists adduce the entozoa as presenting examples of spontaneous or equivocal generation, whilst others maintain a somewhat intermediate position, and allowing the origin of the entozoa indistinct, contend that these are transmitted from the parent to the fœtus in utero, through the medium of the circulation. It is evident that the entozoa must either come from without, or originate in the body of the animal in which they are found; that they have an external origin; that they are nothing more than aquatic or earth-worms, introduced either in their perfect state or in the form of ova, with their organization so modified as to be adapted to their extraordinary situation, though an hypothesis held by Linnæus, and supported by Breza, is clearly shown both by Rudolphi, and Bremset to be incompatible with our knowledge of the economy of these animals, and of the laws of animated nature.

Many celebrated physicians and naturalists of the present day, however, entertain the opinion that many of these entozoa really come originally from without. In the case, indeed, of the Guinea-worm, the evidence in favour of this power of penetrating to the cellular texture from without is so strong, as to have led many observers to adopt a thorough conviction of its external origin, and some even to believe in the possibility of its being communicated by contagion. Many persons on going to particular parts, have frequently become subject to worms just like other people in that particular neighbourhood; and persons who by accident have drank bad water, have frequently from that time most decidedly had worms. There can be no doubt that tænia may be continually traced to external sources; for Dr. Darwin mentions, that the fens of Lincolnshire are famed for them; and with respect to ascarides, you will see a remarkable case published in the 'Dublin Transactions,' and which is believed by some as leaving no doubt respecting their external origin, where a whole family was infested with this worm, and every servant who came to the house after a certain time had it. Although medicines were taken, yet nothing liberated these persons from it, and at last ascarides, very similar, only a little browner, were discovered in a well from which the people derived all their water: the family had resided there many years, but they now found it necessary to change their habitation, and from that time nearly all of them lost their worms. But surely you are not prepared to regard this case as conclusive, especially as the identity of the worms found in the well was not satisfactorily established by examination of their organization. Besides, it cannot but be viewed as most extraordinary, that at a period when the animal kingdom has been the subject of such diligent investigation, the most common and most abundant of all these entozoa, should, if existing out of the body, have only been discovered in this particular instance.

But this extraordinary peculiarity of the organization of these parasites—the limitation of particular kinds to certain species of animals, and peculiar situations in the body—their incapability of sustaining life when removed from their natural sphere of existence, and their occasional presence in the fœtus at birth, are most powerful arguments in support of Rudolphi's opinion, that they are developed in the interior of the animal in which they are found.

Some naturalists, and amongst others Pallas, are inclined to believe that the existence of these animals is perpetuated by the ova being transmitted from generation to generation, or communicated from one person to another. All those, for example, which are found in the alimentary canal may be supposed to have been introduced in the form of ova, which required

only a suitable nidus for their development; and their subsequent multiplication there is easily effected, whether their ova be the product of separate sexes on the same individual, as in tænia, or in different ones, as in ascaris. Pallas even experimented upon the subject by inserting the ova of the tænia of a dog into the abdominal cavity of another dog, and on opening the animal a month afterwards, he found some small tape-worms, about an inch in length, in the abdomen. That these worms cannot, however, be readily introduced into the system at all times in this way, is shown by an experiment performed by M. Schrieber, at Vienna. He fed a polecat, during six months, almost exclusively on different kinds of intestinal worms, and their ova mixed up with milk. On killing the animal at the end of this period, not a single living worm of any description was found within it. If, then, the ova are communicable, as supposed by Pallas, they must be constantly exposed to causes tending to their destruction — a contingency which would seem to be fully provided for by nature in supplying this class of animals with the most ample means of reproduction.

Cruveilhier thinks, that the more frequent appearance of hydatids in the liver and lungs, organs more abundantly supplied with blood than other parts, tends to show that the germs of these animals are transmitted in the circulating fluid. But the ova of the ascaris lumbricoides are so large and heavy, that they cannot be supposed to pass through the capillary blood-vessels, or to be transmitted through the medium of the atmosphere; so that it is very difficult to comprehend how hydatids and the other entozoa, insulated as they are, and included in a cyst, can be propagated in this way.

So that, to sum up, we must suppose that there has been either a penetration of these parts from without by the parasites, or that their ova or germs, under whatever form, have circulated with the blood, and afterwards escaping from the general courses of that fluid, have been deposited in the remote situations in which they are found; or that they are transmitted from generation to generation, and in various modes, from individual to individual; that they enter the system with the food, and perhaps in various other ways, and that, constantly subject to numerous distinctive agencies, they are only developed under peculiar and highly favourable circumstances.

The circumstances which favour the production of worms are involved in as much obscurity as their origin and mode of development. It would, however, appear from the perfect adaptation of the entozoa, and the peculiar situations in the bodies of the animals which they inhabit, that they are as much indigenous, so to speak, to those situations, as particular plants are to the particular districts or countries in which they are found, and that their germs, be they of whatever nature, are equally dependent for their development upon certain external conditions, as are the seeds of a plant upon the nature of the climate, or the quality of the soil from which they spring. A moist and damp atmosphere is certainly favourable to the production of worms, and sheep invariably become their prey if placed in too damp a pasturage; and in many of the fenny parts of England, the inhabitants are much troubled with the ascaris vermicularis. Again, owing to bad food, and the powers of digestion being inadequate to its due concoction, that state of the alimentary canal is induced, which, from the imperfect absorption of the chyle, and the too abundant secretion of mucus, is the most favourable to the nutrition of these parasites.

Hence Mr. Annesley observed, that the Hindoos, who live almost entirely upon rice, are so infested with worms, that not more than one in ten is free from them, whilst in some parts the combination of certain condiments with the daily food appears to be so essential to their prevention, as to give rise to that ancient law in Holland which enacted, as a punishment, that criminals should be obliged to eat bread without salt, in order that their bodies might become infested with worms.

Common observation shows, that the presence of worms is in most cases associated with a debilitated state of constitution, though they occasionally exist in the robust and healthy; but the amount of their dependency upon such a state of constitution, or, on the other hand, the share which they may have had in inducing it, is one of the most difficult questions in helmenthology.

Nor must the obvious connexion of worms with a certain state of constitution be overlooked in reference to the fact, that age appears to have a great influence over their development, since in infants at the breast, and in adults, they are much more rare than in children, to whom the tendency to their formation appears to be strong up to a certain age, generally the period of puberty, after which the habit of producing them, appears spontaneously to cease.

Some of the entozoa are necessarily not answerable to medical treatment on account of their position, even could their existence be certainly ascertained; others occasionally require manual interference for their removal; whilst those only which occupy the alimentary canal may be considered as within the influence of remedial agents.

Drastic purgatives, as calomel, scammony, gamboge, aloes, &c., are perhaps too commonly employed in the treatment of worms, without due regard being had to the powers of constitution and particular condition of the patient; their frequent exhibitions, if too long continued, is often attended by a degree of debility, which in itself will constitute one of the conditions apparently most favourable to the production of worms; and in all cases where there is much gastric or intestinal irritation, the drastic class of purgatives should be carefully avoided.

The remedies which have been found most efficacious in the treatment of tape-worm, are the ol. terebinth in ℥ss. doses to children, and in ʒiss. to ʒij. to adults, given in combination with and immediately followed by a dose of ol. ricini, for it seems to *paralize at once* or *narcotize* the animals; to delicate children, calomel and scammony, or calomel and jalap, followed by small doses of decoct. aloes. c., and to delicate females a decoction of the roots of the pomegranate, and the frequent employment of a strong infus. quassiæ calumbæ, which in many cases seems to act specifically by destroying the worms, and altering the nature of the secretion. The spicula of the mercura prurieus, aspidium, felix mas, wormwood, zinc, and tin-filings, most of which seem to act as mechanical irritants, are seldom or ever used by the experienced practitioner.

In the cases of ascarides which are easily known from their crawling out, from their appearing in the stools, and from the extreme itching which they cause in the rectum, it is best to give the ol. terebinth. by injection. You then send it immediately on the parts where the worms reside, you save your patient the trouble of a filthy dose, and you also save the stomach from great disturbance. An injection of common salt and water, or a piece of soft soap, introduced for a few minutes up the rectum, are excellent domestic remedies for the expulsion of these creatures in young children.

Chabert's empyreumatic oil, which is strongly recommended by Rudolphi and Bremset, and is much used in Germany, especially in cases of tæniæ, consists of a mixture of one part of the oil of hartshorn with three of the oil of turpentine, which having stood for three days, three-fourths are distilled off in a glass-vessel by the heat of a sand-bath. The French generally use the bark of the punica granatum in doses of ℥ij. or ʒj. bis. vel. ter. die. After the exhibition of anthelmentics, steel medicines, bitters, and other tonics will often prove of essential service in restoring the tone of the alimentary canal, and in correcting the disposition of the organs which favour the development of these animals. But, above all, the diet and other circumstances favourable to a sound state of health should likewise be objects of care; and as the production of worms is frequently secondary to derangement of the important organs of digestion, it will often be found, when their functions are improved, and the general health properly attended to, that the parasites will disappear without any other means being employed for their removal, &c.

LAST ILLNESS OF SIR ASTLEY PASTON COOPER, BART.

AND EXAMINATION OF THE BODY AFTER DEATH.

[From the Guy's Hospital Reports.]

For many months previous to his last illness, Sir Astley Cooper had occasionally experienced great dyspnœa, upon the slightest exertion; and it had been observed by his friends that the peculiarity of his complexion bespoke some serious impediment to the circulation. It was not, however, till about six weeks before his death that he found difficulty in assuming the recumbent posture; and about that time he began to pass the greater part of his nights in the arm-chair, rather than attempt to lie down. He still continued to see a few patients during the day, both at home and at their own houses. He now became the subject of frequent cough; which was immediately brought on, if he attempted to recline. The gout, of which he had for several years experienced periodical attacks, showed itself imperfectly in the fore-finger of the left-hand; and his legs began to swell, owing to the depending position in which they constantly remained.

During all this time he refused medical aid; and it was not till the 22nd of January that he consented to see any one, to whom he might state his symptoms. At the time he was first visited, he was sitting in his chair, with his body inclined forward, and his chin nearly resting on his chest; the pulse accelerated; not the slightest bruit nor abnormal sound in the heart, though the beat was extensive, and heard quite to the right side of the chest. The lungs afforded considerable bronchial rattle, but were neither consolidated nor compressed, and filled both cavities of the chest.

Although remedies appeared more than once to produce a temporary remission of his symptoms, and a further attack of gout in one foot seemed to afford some relief to the chest, yet, upon the whole, the disease advanced, and was attended by frightful fits of dyspnœa, during which his face was purple and his mind confused; and it was in one of these paroxysms that he died, on the morning of the 12th of February.

Shortly before his death, Sir Astley Cooper expressed a wish that the appearances which should be presented on the inspection of his body might be recorded in the Guy's Hospital Reports. He had particularly alluded to four points, the investigation of which he thought desirable;—a cured oblique inguinal hernia;

a cured umbilical hernia; some suspected indications of phthisis in his youth; and an inability to sleep whilst lying on his left side.

Examination of the body of Sir Astley Paston Cooper, Bart., in the 73rd year of his age, on February 19th, 1841, at 9 o'clock in the evening, 32 hours after death, by Mr. John Hilton, in the presence of Dr. Chambers, Dr. Bright, Mr. C. A. Key, and Mr. Edward Cock.

The weather was warm and damp: there were slight cadaverous indications, from gravitation towards the posterior part of the corpse; the face and anterior surface of the body exsanguine; there was general and extensive œdema of the lower extremities; but no evidence of serous infiltration in the arms, nor in any other part of the surface of the body.

The head was not examined.

A globular projection, about the size of a large nut, was found at the umbilicus which receded on pressure, leaving a well-defined rounded aperture in the linea alba, capable of admitting the end of the little finger. This protrusion consisted of a few congregated lobes of fat placed immediately behind the umbilicus, between it and the peritoneum, the free surface of which was corrugated, and presented a puckered appearance, most probably inflammatory, and the result of the artificial curative means which had been employed for a long period during life.*

The anterior, thoracic, and abdominal parietes were covered with a layer of fat, about an inch in thickness, soft and oleaginous. The muscular tissue exposed during the inspection was pale, soft, and flabby; indeed, the latter expression is applicable to nearly all the tissues. No gaseous or fluid effusion was found in the cavity of the peritoneum; the greater omentum, loaded with adipose matter, was contracted, and did not extend downwards more than two inches from the transverse colon. Some very old membranous adhesions existed between the right angle of the colon and the gall-bladder; cadaveric transudation of the bile from this viscus had slightly tinged the surrounding parts.

The viscera occupied their natural positions; excepting the cœcum, which was completely invested by the peritoneum, and hence less fixed than usual.

The liver healthy in form; some parts of its surface were slightly contracted and uneven; and sections of it presented hepatic venous congestion, approaching what is termed a "nutmeg appearance."

The gall-bladder was small; and contained a moderate quantity of healthy bile, which, upon gentle pressure, passed rapidly into the duodenum.

The spleen was rather larger than natural, its capsule a little opaque, and the interior of the organ very firm: a section presenting a smooth solid surface of a purplish grey colour.

The stomach was large, and distended with gas; the cardiac extremity stained brown by cadaveric transudation, or the action of the gastric fluid upon the blood; its tissues appeared quite healthy.

The small intestines presented nothing abnormal; nor was there anything remarkable in the large intestines, excepting the dilated condition of the cœcum, the parietes of which were thin; its mucous membrane congested.

The pancreas was healthy.

The kidneys were surrounded by a considerable quantity of adipose tissue, remarkably dense, and very firmly adherent to the fibrous capsule of the gland. Both kidneys were much congested with blood, rather larger than natural, their surfaces mottled, and slightly granular. These morbid conditions were most evident at the lower part of the left kidney; less advanced but more generally diffused in the right; and on the anterior surface of the latter, near its convex edge, were found two small cysts, containing a straw-coloured fluid.

The supra-renal capsules were healthy.

The urinary bladder was healthy and contracted, and contained about two drachms of whitish turbid urine.

The internal abdominal ring, on the left side, was rendered distinct by a tubular extension of the peritoneum for about an inch into the inguinal canal.

A depression existed in a corresponding situation on the right side, the bottom of which was firm, irregular, and corrugated; and upon very careful examination, a minute serous canal, not more than a line in breadth when opened, was traced extending from it, along the spermatic cord, into the cavity of the tunica vaginalis, being the remains of a congenital inguinal hernia.†

Upon raising the sternum and cartilages of the ribs, both lungs were brought into view; and retained their expanded condition, overlapping the pericardium, and manifesting no disposition to collapse. No pleuritic adhesions existed on either side of the chest; nor was there any effusion, except into the right pleural cavity, which contained about three ounces of sanguinolent rather turbid serum.

A little recent pleuritus was found on the middle lobe of the right lung, rendering it slightly adherent by plastic effusion to the adjoining limbs to a small extent. Both lungs presented general vesicular emphysema to a very great degree, and their edges were more rounded than natural.

The larynx was not examined.

The lining membrane of the trachea and larger bronchi was smooth, but of a dark purple hue, from congestion in the minute blood-vessels; the same appearances extended throughout the bronchial ramifications, the smaller of which were filled with a very tenacious puriform mucus, and many of them were observed much dilated. Both lungs were extremely congested with dark blood, especially in and near the central portions of their lobes. At the superior and posterior part of the right lung was a small depressed and somewhat contracted surface, about the extent of a sixpence; a section of which exposed a calcareous mass, very uneven upon its surface, and about equal to the size of a small pea; it was placed about three lines distant from the pleura.

When the pericardium was opened, the heart was seen, very large and distended; and about two ounces of rather dark or brown-coloured slightly turbid serum occupied the posterior part of the cavity.

The right auricle and ventricle filled with very dark-coloured imperfectly-coagulated blood. The auriculo-ventricular valves sound. Through one of the pulmonary valves, near its angle of union with an adjoining valve, was a perforation nearly the size of a small goose-quill. A tolerably firm fibrinous coagulum was found in the pulmonary artery and its branches, extending, by minute prolongations, to the fifth divisions; these were made evident, by withdrawing them in a continuous mass with the forceps.

The left auricle and ventricle were occupied by a large quantity of black grumous half-liquid blood. A large portion of the mitral valve opaque, and a little thickened; otherwise healthy. The aortic valves thickened, and rather rigid at their attached margins; whilst the free margins presented a remarkably healthy appearance for their age.

The left ventricle was much dilated; its apex much broader, and more prolonged than natural; the parietes somewhat hypertrophied; and the muscular fibres of the whole organ were pale, flabby, and weak.

The aorta, which was small and narrow, pursued its usual course, but gave off the left vertebral artery between the left common carotid and left subclavian. The entrance to the arteria innominata was contracted, and slightly irregular.

Many small irregular yellowish opaque patches were seen under the lining membrane of the thoracic aorta and the ascending portion of the left subclavian artery. In most of the parts so affected, the internal membrane was much softened, breaking down under slight pressure; at three or four points it was destroyed to a small extent, admitting a thin layer of dark matter, probably altered blood, separating it in a slight degree from the subjacent tissue; this latter state was noticed near the origin of the arteria innominata and the commencement of the descending aorta. The whole length of the abdominal aorta was full of black grumous blood; its parietes thickened; the lining membrane opaque, and raised by the sub-deposition of hard, almost bony matter.

* Sir Astley Cooper wore a piece of cork adapted to the umbilicus; and maintained in its place by straps of adhesive plaster, during many years, and until his fatal illness.

† Sir Astley Cooper wore a truss on the right inguinal canal, from the age of 19 to 23.

CORRESPONDENCE.

MR. HAWES' BILL *v.* CHEMISTS AND DRUGGISTS.

To the Editor of the 'Medical Times.'

SIR,—You, doubtless, have a variety of communications upon the all-important subject of Medical Reform from your numerous correspondents; but, amongst the many I have perused, I have not as yet observed any from a chemist and druggist; such being the case, I would presume to offer a few observations upon the tendency of Mr. Hawes's bill, if passed, would have upon the entire body. — Your correspondent, Augur, appears to be aware of the activity of the druggists in their opposition to the bill; and well indeed they may, and ought to be; for should it become law the day it came into operation, the trade would be irretrievably ruined; and as a consequence thousands of families must either starve, or turn their attention to something else. But why should this necessarily be the case some apothecary may be inclined to ask? I will endeavour to explain—You, Mr. Editor, must well know that an immense competition exists in every branch of trade, and you are equally well acquainted with the fact, that there are no restrictions whatever placed upon the sale of drugs!—that not only grocers, provision-store-keepers, nay, even the common sweetmeat sellers generally, throughout the kingdom, keep for sale almost every drug of general consumption! Now, this being the state of things at present, with every prospect of their continuance (for Mr. Hawes has not deemed it necessary, I presume, to protect in any way the interests of the druggists), what must be the inevitable result if no chemist and druggist be allowed to prescribe behind his own counter; for, as I take it, or rather it appears to me, we should render ourselves liable to all the pains and penalties of the bill, were we ever to tell an individual who applied for a pennyworth of jalap that it would act as a purgative,—which would be a proceeding without so much as the shade of a precedent in the annals of law-making. That the medical profession are labouring under many and great evils is an acknowledged fact by all who are at all conversant with medical affairs; but surely it might be better protected and placed upon a surer footing, without utterly destroying any other branch connected with it. The chief grievance which requires removal is the allowing druggists to *visit* patients; prevent this, and the profession will have little else to complain of, and this might be easily effected, if the College of Surgeons and

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Apothecaries' Company were to issue out lists annually, or even more frequently, of all their members, and appoint some *medical man* in every large town to see that none else but those upon the lists were allowed to stir a step from their homes, or even to arrogate to themselves the title of surgeon or assistants, but I maintain that every chemist and druggist has a right to prescribe behind his own counter! to bind up a wound! to extract a tooth! or perform any of the minor operations of surgery; for it may fairly be presumed, that if an individual can visit a chemist and druggist for this or these purposes, they cannot be in such imminent danger as to require the assistance of the qualified practitioner; and if they should not be benefited by his prescriptions, they have then the opportunity of calling in the regular practitioner; but to say he shall not prescribe within his own domicile is preposterous to a degree, for what would become of the poor? Oh, some apothecary will say, let them apply either to a dispensary or to us; but, Sir, I am bound to state, that however useful dispensaries may be considered, yet the poor generally are extremely averse to have recourse to them, preferring rather to spend fourpence or sixpence at the druggists: but as to applying to the apothecary, it is altogether out of the question; they cannot afford to pay a shilling for a draught, or half-a-crown for a bottle of mixture. I cannot think the observations of Argus, in reference to physicians *visiting* with druggists, can be substantiated, except under peculiar circumstances; for instance, the physician might be a lecturer, and the chemist a pupil of his class, and in such cases, I should say that the conduct of the physician would not only be excusable but highly commendable, for clinical instruction would then be imparted with a twofold effect! Argus must bear in mind that the respectable chemist of the present day, is very little, if at all inferior to the apothecary, for a many now regularly attend the lectures of provincial schools of medicine, and study hard besides!—A word respecting patent medicines; that they are an evil is generally, I believe, admitted, but I question if they are not a source of very great profit to the profession; for I assure you that the majority of the patients I have seen are those who have injured their constitutions by taking them; but that is their own affair, and I think it would be very unjust to deprive the proprietors of their rights, after having expended so many thousands of pounds in bringing them into note, besides injuring other trades connected with them. In conclusion, I would again say, confine the druggist's practice to his own shop, and then there will be little to complain of. With respect to reforming medical monopolies, I could say a word or two respecting it, but as there appears to be no necessity for me to further trouble myself, I beg leave to subscribe myself, having attended all the necessary course of lectures, hospital and dispensary practice to qualify me to make my appearance at the Hall or College without the *essential* preliminary of *grinding*,—Yours truly,

A COUNTER-DRUGGIST-SURGEON.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THIS society held its half-yearly general court, on Wednesday evening, March 31st, at the Grays' Inn Coffee House; Sir Charles M. Clarke, Bart., in the chair. During the private business of the society, and when the names of the pensioners were mentioned, it was announced that his Grace the Duke of Sutherland had presented a donation of 20 guineas to the society, and was elected a vice-patron, and that his Royal Highness the Duke of Cambridge had graciously consented to preside at the annual dinner on the 17th inst.—The thanks of the society were voted to his Royal Highness and the Noble Duke.

ERRATA.—Article on the Spleen.—Page 6, line 9, for 'splenetic,' read 'splenic;' line 10, for 'entirely,' read 'entering;' line 16, for splenetic,' read 'splenic;' last line, for 'by the liver,' read 'by the immediate agency of the liver.'

HOSPITAL REPORTS.

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DIFFUSED POPLITEAL ANEURISM—OPERATION.

JEREMIAH TOMKINS, ætat. 35, a coalheaver, of good conformation and sanguine temperament, accustomed to drink large quantities of porter, was admitted into the physicians' wards, and he made the following statement of his case.—About five weeks ago, he first observed a small throbbing, painful swelling on the inner and back part of the left thigh, at the beginning of its lower third. He took no further notice of this for three weeks, when he was obliged to lay up, the tumour having increased in size. At this period he felt severe pain in the knee, extending down the back of the leg to the foot, and upwards as far as the hip; but there was neither redness nor diminished sensibility in any part of the limb. A medical practitioner, to whom he applied for assistance, thought that he was suffering from rheumatism; and, for the cure of this, salivated him, without any beneficial result. Three days ago, the patient observed a sudden increase of the swelling about the knee, especially in the popliteal space, and extending down the back of the leg to the foot; the calf of the leg was much swollen, and there was almost total loss of motion and sensation in the parts below the knee.—Oct. 17. A careful examination of the limb having been made by the physician, the true nature of the case was ascertained, and the patient was transferred to the care of Mr. Quain (Mr. Palmer, and, subsequently, Mr. Canney, dressers), there is now a slight degree of flexion of the knee-joint; pain extending down to the foot, and upwards to the hip; diminution of the power of motion and of sensibility in the limb below the knee, and considerable œdematous swelling of that part. There is no appreciable difference between the temperature of the two limbs. The tumour is about four inches in length in the popliteal space, and extends a little in the course of the femoral artery on the inner side of the thigh. It forms a large prominence in the latter situation; and the muscles, viz., the semi-tendinosus, semi-membranosus, and sartorius, are pushed inwards from their ordinary position. The whole surface of the tumour is very tender and painful on pressure; and over it is felt a slight pulsation, which is completely arrested by compression of the femoral artery. The entire of the tumour and part of the limb are discoloured, evidently from the effusion of blood into the cellular substance. The patient complains of a pricking sensation in the leg; the tongue is coated with a brown fur; the breath has the usual mercurial fœtor (caused by the treatment previous to his admission into the hospital); the countenance has a peculiar pale sickly hue; pulse 110, full, but compressible. The nature of the case being very evident, it was determined, in consultation between Mr. Cooper and Mr. Quain, that the operation should be performed at once.

Operation.—The patient being placed on the operating table, Mr. Quain began the operation by an incision over the femoral artery, extending from about two inches below Poupart's ligament downwards for three inches. Effused blood being observed under the fascia lata in the lower part of the wound, the artery was laid bare, and the ligature was placed on it, near the upper angle of the incision. No vein or nerve was exposed during the operation; after it the man was put to bed, the limb elevated and covered with flannel.—Vespere: The edges of the incision are brought together by suture and strips of isinglass-plaster. The patient being restless, he is ordered to have half a grain of muriate of morphia in a draught.—18. Slept little during the night; the temperature of the limb somewhat diminished, but still higher than in the other leg; tumour in the ham softer and less painful; swelling of the leg diminished; pulse 120. Ordered to take the following draught every two hours:—

℞. Bicarbonate of potash, gr. xx;
Tartaric acid, gr. xij;
Antimony wine, M. xx;
Water, ℥j. M.

20. Edges of the incision nearly united: a slight discharge of pus in the situation of the ligature The temperature of the left thigh below the incision is 88 deg.: in the sole of the foot 86 deg.: in the right thigh 90 deg. To have a dose of castor-oil. —21. Temperature of the limb not diminished; sensibility improved; no pain in any part; tumour diminishing; pulse 102; bowels open; tongue cleaner. —25. Swelling of the limb below the tumour is quite gone, and the tumour itself is diminishing; temperature of the limb unchanged; sensibility of the parts below the ankle very indistinct; discharge of pus from the wound continues, but in a diminished degree.—Nov. 3 (seventeenth day). The ligatures came away this morning; the patient is gradually improving.—5. In all respects better. A compress is applied over the situation of the tumour, and the limb bandaged from the toes to the groin.—15. The remains of the tumour are gradually diminishing; the patient complains of slight uneasiness about the ankle-joint, and inability to move it; sensibility perfect; temperature of the limb natural, and the patient's general health very good; wound quite healed.—30. The swelling and induration continue to decrease, and the outline of the muscles at the lower part of the thigh is becoming well defined; two or three small discoloured patches are observed in the course of the tibia, produced by the pressure of the bandage. He is ordered to keep the limb more elevated, and to discontinue the bandage.—The discolorations gradually changed to superficial ulcers, which, owing to the languid state of the circulation in the limb, were a long time in healing; when quite healed, the cicatrix of each had a very dark appearance.—During the extremely cold weather about Christmas, some vesications, ending in superficial sloughs, formed on the side of the great toe; the sloughs involved only the integument, but they were very slow in healing. The limb has been all through carefully covered with flannel, and its temperature has invariably been very good.—At the beginning of March the sores were all quite healed; no traces of the tumour remained about the knee or thigh; the outline of the muscles as well defined as in the other limb, and their action free and unimpeded. A bandage being applied to the foot and leg, he was allowed to get up and walk about; at first he had little power to move the foot, but in a few days he recovered the motion of it to a great extent.—March 12. He is able to walk without any support, and is discharged cured.—*Memorandum.*—Since the application of the ligature, pulsation has not been perceptible in any of the arteries below the point at which it was applied.

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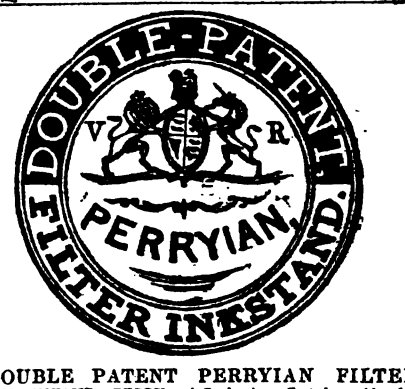

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THE MEDICAL TIMES.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

MEDICAL PATRONAGE IN THE UNITED KINGDOM AND FRANCE.

BRITISH.

THERE are six normal professors of the medical faculties of the Universities of Oxford and Cambridge, who are, as we have been given to understand, mere placemen, with individual exceptions, of whom some are appointed by the Crown as REGIUS professors, others, so far as we are informed, by the colleges in convocation, or senate in congregation.* The Professors of the medical faculty of the University of Dublin are generally appointed by party influence and patronage. The Professors of the University of Edinburgh were appointed, until 1833, partly by the Town Council, consisting of thirty-two shopkeepers in Edinburgh, and partly by the Crown. The former was a close, self-elected, and notoriously corrupt body, known to be under the direct influence of the Dundases, and always chose HEREDITARY Professors, and thereby nearly destroyed the old reputation, scientific pretensions, and interests of that once-renowned school of medicine. Since the reform of the Scotch corporations, and the appointment, through the open corporation, of an honest, responsible, and conscientious Town Council, the elections reposed in them have usually been decidedly honestly in favour of superior talent and skill alone, without unworthy party motives, or vile jobbing, or rank abuse of family claims. The Professors of Glasgow are appointed in a similar manner.

The physicians and surgeons of England, Scotland, and Ireland, are appointed to hospitals, infirmaries, and dispensaries by the governors and subscribers of those institutions. The situations of clerks or assistants to physicians are given by the latter to their private friends. The posts of dressers to the surgeons, and of hospital pupils, in England and Ireland, in the principal hospitals, are disposed of for money.

The clinical physicians and surgeons of the Royal Infirmaries of Edinburgh and Glasgow are very justly and properly not appointed *for life*, but by triennial rotation, to prevent monopoly and injurious tenacity in senectude and fatuity, when men cling fast to office, but neglect its duties, or are incapable of performing them. Appointments in England are injurious monopolies for life.—The county infirmaries in England are constantly sold, for venal considerations, by their physicians and other medical officers to their successors, and the governors and subscribers, and their votes are thrown into the bargain, to the best bidder. Of the dispensaries in England, almost every one is a JOB. These are monopolised by the aristocrats, timocrats, pluralist clergy, and petty gentry of every country town and neighbourhood, to raise an *eclat*, and promise a practice for the coxcomical COGGERS, INCIPIENTS, and SELF-INFLATED graduates of their own order, clique, caste, and family connexion. While they combine, by *esprit de corps*, pride of caste and clique, in the most selfish, sordid, and loathsome manner, to exercise a spirit of private and social despotism; to exclude, oppress, and injure every physician of GENIUS, TALENT, and SKILL, on the spot, who is qualified by years of actual practice, and ripe and mature judgment, to fill those posts with more benefit to the poor, and credit to themselves, than the juvenile empirics and homicides of a mere leg of mutton and turnip gentry.

The medical patronage of the army and navy is given by government generally in return for electioneering services. But we believe that the Director-General bestows the army patronage chiefly on *his own* countrymen. The patronage of the East India Company is distributed by the Directors, it must be allowed, with more liberality among the middle classes, who have East India connexion, than those of the army or navy, but the appointments are now sometimes *sold sub rosa*, for moderate considerations.

FRANCE AND AUSTRIA.

The posts of professors, physicians, and surgeons, to all public institutions, and to the army and navy Agrégés, Externs and Interns of hospitals, corresponding to dressers and pupils in the United Kingdom, of public midwives, are given, with few exceptions, to superior merit exclusively by Concours, which implies a public trial of skill between all eligible candidates, that the post contended for may be conferred upon the best qualified individual.—In Austria, the fees paid by pupils go chiefly to the support of a certain number of poor, but respectable students, who belong to large families of straitened means, and are distinguished for their diligence and good behaviour.

A druggist at Liverpool is committed to Kirkdale, to take his trial for manslaughter, for administering laudanum by mistake for cordial to an infant child.—*West of England Conservative.*

* At Oxford, Dr. Kidd has the Regius Professorship of Medicine, and Lee's, Aldrich's, and Tomlin's, Prosector of Anatomy chairs; Aldrich's Chemistry, Regius Botany, Dr. Daubeny; Aldrich's Medicine, Litchfield's Clinical Medicine, three chairs, Dr. Ogle, F.R.S. Is there not a chair of Clinical Medicine, Robert Bourne? At Cambridge, Dr. Haviland is a Regius Professor of Medicine, and gives a course of General Pathology, and in the history and treatment of diseases, in which he is predominent and practical subject is ague, which abounds in the neighbourhood of the University; Chemistry, J. Cumming, M.A., F.R.S; Anatomy, W. Clarke, M.D.; Botany, G. S. Henslow, M.A., Downing; Medicine, C. Hewett, M.D. There are other professors of the natural and collateral sciences. We have had some difficulty in getting this information, for the ENGLISHMAN'S ALMANACK, (p. 64.) says very sarcastically, "The school of physic in England is placed on such an *illiberal* footing, that a description of it would scarcely be useful to a general reader," and they, therefore, like books of the same kind, omit it. Perhaps the Red Book may pierce some of the obscurities of chaos, darkness, and the night at Oxford and Cambridge.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

OPERATIONS ON THE SUBJECT CONTINUED.—AMPUTATIONS OF THE THIGH, LEG, AT JOINTS OF THE FINGERS, WRIST, HIP, AND SHOULDER.

I PROPOSE to show you this evening the mode of performing some of the more ordinary amputations. Now there are a variety of points for consideration, if we speak of amputation generally. In the first place, we should have to consider the circumstances under which amputation is necessary or expedient; but as in the former parts of the course, when speaking of gun-shot wounds, compound fractures, and diseases of the joints, I have had occasion to state to you under what circumstances amputation is required, I have now merely to show you the mode in which the operation is to be accomplished.—There are two methods generally adopted for the removal of limbs—amputation by the *circular incision*, and the *flap* operation. In the former of these, a circular cut is made through the soft parts, and a subsequent division of the bone, making the wound of the soft parts such, that the edges can be neatly approximated, and placed under circumstances favourable to the union by adhesion. In the other case, the soft parts are divided by one, two, or even a greater number of incisions, not in a circular manner, but so that when the limb has been removed, they admit of being adjusted and fitted to each other, and of course of being placed also in the position most favourable to the union by adhesion. Of these two methods, the first is most frequently employed.—We have now to consider the situation in which amputation is to be performed, as well as the mode of performing it; and generally speaking, the rule of proceeding is to amputate the limb so as to preserve as much of it as we can, without leaving any of the disease that requires the operation. The situation in which amputation is to be performed, differs under different circumstances. Amputation may be performed either in some portion of the continuity of a limb, or at a joint; we may cut off the limb either between two joints, or by making the division at one of the articulations. The former mode is the one most commonly adopted. Then, in reference to the performance of the operation on any particular occasion, we have to consider the proceedings that are necessary in order to arrest the hæmorrhage, the mode of performing it in the quickest and most prompt manner, so far as the operation itself is concerned,—that is, the immediate mechanical removal of the part—the steps which are subsequently necessary for preventing future hæmorrhage, by securing the orifices of the divided vessels, the mode of uniting the wound, and the treatment of the patient after the operation has been performed.

Amputation of the Thigh.—I shall, in the first place, show you the mode of performing amputation by the circular incision, the proceeding generally adopted in amputation of the thigh. In this case we always adhere to the rule I have mentioned to you, of taking off the diseased or injured part in such a way as to preserve as much as possible of the sound portion of the limb, making the incision as near to the knee-joint as we can. It is necessary, of course, that the whole of the disease should be removed; we should, therefore, perform the incision completely above the part to which it may have extended; but in many cases there is some kind of exception to this rule; suppose we amputate for disease existing in the knee-joint; in this case abscess may have extended to a great distance along the thigh; it may have reached

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perhaps from the joint half way up it, or even further. Now it is not necessary on that account to make the incision completely above the situation to which such abscess may have reached. In these cases, the mere formation of matter in a part of the limb is no objection to the incision being made through it; for inasmuch as you take away the primary disease that has led to this formation of matter, you will find that the change of structure consequent on such abscess, does not at all interfere with the healing of the wound. You may cut through a sinus, *or*, occasionally, even an abscess, without at all endangering the success of the operation. In a case, therefore, where the sinus or the abscess extends considerably above the joint which requires amputation, you do not require to go so high with your incision, as to remove the whole of the diseased parts. But if you were removing a limb in consequence of fungus hæmatodes, melanosis, or any carcerous or fungoid disease, you would be very cautious to go completely above it; not even to amputate in a sound part immediately above, but at some distance above the situation to which it may have reached. In the case, therefore, of amputation in the thigh, on account of disease of the knee-joint, or of some other affection of the limb, we endeavour to amputate near to the knee—to preserve the thigh as long as possible, by means of which we very much facilitate locomotion afterwards.—The first point in amputation, is to apply the tourniquet so as to stop the circulation through the main artery and prevent bleeding during the removal of the limb. Bleeding in an operation of this kind may be prevented by tying any circular bandage round the limb with a certain degree of force. It is not absolutely necessary you should employ the instrument called a *tourniquet*. If you merely place an ordinary ligature round the limb and draw it very tight, that will be sufficient to prevent hæmorrhage. The surgical instrument, however, called a tourniquet affords a more safe and convenient mode of commanding the bleeding. In this instrument you have a strong girth which buckles round the limb, a part which is called the pad which slides along the girth so as to admit of its being pushed into different situations according to the size of the limb, and a screw by means of which, after you have buckled on the strong band, the pressure can be increased to any extent you please; this is the construction of the tourniquet. The object in amputation is to divide the soft parts so that they may be conveniently brought together again after the operation has been performed, and may completely cover the extremity of the divided bone, inasmuch as the soft parts will contract considerably after division, therefore it is necessary to saw through the bone higher up or nearer the trunk than where you have divided the soft parts. For this reason it is expedient to give a free power of retraction to the muscles after you have divided them; and you apply the tourniquet as far as convenient above where you are going to make the incision, so that the muscles when cut through shall have full scope to retract. The pad of the tourniquet is to be placed immediately over the artery, so that when the screw is turned, there may be a sure pressure exercised on the vessel. It is expedient to have it as near as you can opposite to the screw. You will find it expedient to draw the tourniquet very tightly before you begin to screw it, or otherwise, particularly if the limb is thick, you will find you will have to turn nearly the whole length of the screw in order to give the necessary degree of pressure. Having applied the instrument in this way [*the lecturer showed the different steps as he proceeded*], you turn the handle till you have got it pressed as firmly as you consider to be necessary in order to prevent the passage of the blood through the artery. Now it is of course necessary that the operator before he makes the first incision should satisfy himself respecting the position of the tourniquet, the place on which the pad presses, and the sufficiency of the pressure for arresting the flow of blood. The next object in proceeding to amputate by the circular incision, is to divide the integuments and the adipose membrane by a single cut; having done that, you retract the divided integument, detach it to a certain extent from the subjacent muscles, and divide them by a second cut down to the bone; which you then proceed to saw through. Thus there are three points in the operation, the division of the integuments and adipose membrane, the division of the muscles and other soft parts, and the division of the bone. The integuments when divided must be retracted by the hands of the assistant; you should detach the adipose membrane which connects them with the muscles so as to have a sufficiency completely to cover the muscles and the bone; and to admit of their being brought together in a straight line. It is not sufficient merely to divide the skin and adipose membrane; it is usually necessary to turn back a certain portion of the skin so that the muscles may be divided higher up than the integuments were. This becomes the more necessary in proportion as the limb is thicker or larger at the part where you operate, and also in proportion as the muscles and other soft parts may be more consolidated, rendered more firm by the inflammation they have undergone, for in that case they will not retract very considerably, nor give way when you come to press the sides of the wound together, and consequently the whole surface which you have made, when you come to divide the bone, must be covered by the integuments you have preserved. You should calculate the length to which the integuments should be left in order to cover the muscles and the stump, if you suppose that the parts will be unyielding. You might measure the circumference of the limb; say that this is twelve inches at the point where you make the incision, the diameter at this part will be four inches, and when you come to approximate the integuments you must have on each side one-half of the extent of that diameter; that is, you must have turned the integuments back two inches in the dissection, supposing you depend entirely on the dissecting back of the integuments in order to cover the face of the stump. It is not absolutely necessary to divide the adipose membrane and integuments at one incision, but you can usually accomplish the purpose in that way, and it appears the most dexterous mode of doing it; all you have to do is to carry your hand round the thigh, bring it back, and cut through the integuments by one stroke; if you do not find that very easy, you may begin on the inside of the limb, carry it round, and cut the parts in that way. I begin then by making the incision very close to the knee-joint; for you may recollect, that although I cut very close upon the upper edge of the patella, I shall not have to divide the bone in that situation, but perhaps three or four inches above it. This is the first step of the operation. I shall now just dissect back the edge of the integuments, and I may observe to you that it is not necessary to be very accurate in making the first incision so as to divide the integuments only; if you cut a little of the muscles, it is not very material, while on the other hand it is necessary to make the incision completely through the integuments and adipose membrane. I have now cut through the integuments, and turned back a little all round. The second step of the operation consists in cutting at the point to which you have reflected the integuments circularly through the whole of the remaining soft parts down to the bone, and in doing this you must be careful not to cut into the integuments, otherwise you may make a button-hole in them, which, although not very material, is not very neat; the knife must be carried close upon the part to which you have reflected back the skin.—Now, when the muscles are thus divided, you find that they retract unequally; some of them are loose, not adherent to the bone, and others are fixed closely to it; and the former retract much more than the latter do. After you have divided both then, you will draw up the parts with your hand in this way, and then carry down the knife to the bone again, cutting through the thickest muscles higher up; and in the living subject, where it is desirable to saw through the bone as high as possible, you will find it necessary, perhaps, to carry the point of the knife a little inwards down close upon the bone, so as to detach the muscles where they adhere immediately to it. Your object will be in general to saw through the bone as high up as you can, in order to preserve a proper quantity of the soft parts to form the stump. Now, the mode which I have shown is called amputation by the *double incision;* for heretofore it was the practice of surgeons to cut through skin and muscles down to the bone at once; a mode of proceeding which would necessarily be attended with this inconvenience, that the skin would not be sufficient to cover the surface of the muscles, which would thus project uncovered at the end of the stump, and produce a large circular wound equal in size to the diameter of the limb. It was soon found, therefore, to be a much more convenient plan to cut through the integuments, to turn them back, and then to cut through the muscles in such a way as to leave them capable of being brought together and covered over, than to leave the stump with the wound I have alluded to: then having carried the operation to this point, it only remains to saw through the bone, dividing it without injuring any of the soft parts; for which purpose, it is most convenient to employ a *retractor*, a piece of stout linen divided at one end into two stripes, which are passed on either side of the bone, and drawn close together above it, so that the assistant by means of the retraction can hold the soft parts out of the way while the bone is divided with the saw. The retractor is not absolutely necessary, but it is more safe and convenient to employ it, as by it you avoid all risk of injuring the soft parts.—Now you will observe, that when a limb has been removed in this way, the part removed represents a cone, the basis of which is formed by the integuments and the apex by the bone; you have divided the integuments therefore considerably lower down than the muscle, and the muscles lower down than the bone. Consequently, you find that the wound thus formed, admits of being united so as to represent a straight line across the face of the stump, either transversely or in the opposite direction. The next point is to secure the divided vessels; and in the first place, knowing the situation of the main artery of the limb, you take hold of it with a pair of forceps and draw it out, separating it, if it does not immediately come away, with the forceps from the parts to which it is connected, and then putting a ligature on it; there may be one or two other arteries to be treated in the same way; and having secured them, you will generally find it expedient to loosen the tourniquet in order to see what other vessels bleed. If you find two or three arteries bleeding very freely, you may loosen the tourniquet partially, and secure them; but after having secured two or three, you generally find that it may be taken away entirely, for as long as it is employed even partially, there is a great discharge of venous blood; which, after it is removed entirely, is put a stop to altogether, and then you can better make out what are the arterial orifices that produced the hæmorrhage. The number of vessels that require ligature after amputation, is very variable; sometimes the femoral artery and one or two others are all that require to be tied; in other instances, you may have ten or even fifteen to tie, after amputation of the thigh. It is expedient to secure by ligature all the bleeding vessels before you dress the stump. It is a very perplexing circumstance to have hæmorrhage occur after the operation; to be called to the patient in the evening or the night after the operation, and to be obliged to undo the dressing of the stump in consequence of the bleeding. It is very painful to the patient, and very inconvenient to the surgeon; it is much better to occupy a little more time in securing the bleeding vessels at once, than to subject ourselves to an inconvenience of this kind. After securing the femoral artery, you often find that hæmorrhage continues from the femoral vein, and that a pretty considerable stream will issue from it. It is very desirable to avoid applying a ligature to a vein, for the application of it frequently produces inflammation in the venous trunk of the most dangerous kind, often terminating fatally: it is better therefore for the surgeon to press with his finger on the orifice of the vein for a short time, and proceed first to secure any other bleeding vessels, and perhaps by the time he has secured all the others, the bleeding from the femoral vein may have ceased: or he may apply a temporary ligature tied merely with a single knot, taking it off when he has tied all the other vessels; when, if there is no further bleeding, it is not necessary to apply it

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again. If, however, at the end of the operation, the stream of blood from the vein is still considerable, it is of course, at last, necessary to apply a ligature to it. It has happened to me in a great number of instances, to tie the femoral vein; I do not however recollect that any inconvenience arose from it. If there is bleeding from small vessels, you can often check that by sponging the stump with cold water, a proceeding which it is as well to employ in every case of amputation, as it assists the contraction of the orifices of the vessels, and thus tends to diminish the number of those that may require to be tied.—Having secured all the bleeding vessels, the next point is to dress the wound; and in doing this, you follow the general rules that I have already laid down for the approximation of recent wounds; that is, you bring the divided parts together, and retain them in apposition by strips of sticking-plaster, and you trust to this mode, to induce union by adhesion of the two sides of the wound. You may unite the wound in a line across the surface of the stump, or in the opposite direction, according as the soft parts can be most conveniently approximated. I do not know that either way particularly deserves the preference; but perhaps, on the whole, the method in which the sides of the wound are brought together laterally, so that it forms a straight line from behind forwards, is the most desirable. You employ, first, a broad strip of sticking-plaster across the middle of the wound, passing it up nearly the whole length of the thigh on both sides, and bringing the edges properly together, not making a point of drawing them forcibly, or very accurately, into apposition, and then as many more strips as will keep the sides in contact. It may be as well to leave the lower angle of the wound a little open, for the escape of the blood which sometimes oozes out; for when this has no escape, it may excite irritation in the wound, and so induce further hæmorrhage. The ligatures that have been applied are to be brought out as nearly as possible opposite to the situation of the vessels on which they have been applied; they may be brought out at the lower angle of the wound, as that is the situation in which, if there is any bleeding, the blood will the most readily escape. No further dressing is necessary than what I have mentioned; at all events, nothing more is necessary than a portion of lint spread with cerate, and laid over the strips in order to prevent them from being entangled, and this may be secured by two small strips of plaster over it. It has, however, very commonly been the practice to apply a circular bandage, beginning from the bend of the thigh, and carrying it downwards; to apply a large portion of lint over the wound, and to secure it by bandages and portions of plaster placed across the end of the stump, and, further, to include the whole of the parts after this dressing in a bag or woollen night-cap, drawn over the stump. This is the mode of dressing that was generally employed in this hospital some years ago. It is, as you will observe, contrary to the general principles that ought to be followed in the management of recent wounds. It is covering the wound with substances calculated to heat it, and, of course, to favour the occurrence of inflammation, and thus to frustrate the objects we have in view—union by adhesion. In this case, as in that of any other recent wound, we must endeavour to keep down inflammation—we must do all we can to prevent the increased vascular action of the part going beyond the extent sufficient for the agglutination of the sides of the wound; therefore the cooler we can keep the wound, the sides of it being simply held together, the more likely are we to have a favourable result; while the more we cover it, the more likely are we to excite heat in it, and to have inflammation going on to suppuration. There are some instances in which the muscles of the limb are very loose and flabby, where the patient is much emaciated and enfeebled, where there is little chance of inflammatory action taking place, and where we deem it expedient, in order to keep the parts together, to employ a circular bandage from the bend of the thigh down to the end of the stump. It must be applied very tightly; and I think the surgeon who has performed the operation, when his bandage is applied, ought to take care to see the patient a few hours after, or depute some competent person to do so, with instructions to divide the bandage, if it shall have been tightened by the swelling of the parts. At the subsequent dressings, after the operation, nothing further is to be done than what comes under the general principles which I have had occasion to lay down respecting the management of recent wounds.

Amputation of the Leg.—In the case where there are two bones to be divided, the mode of proceeding is essentially the same as where there is only one. The leg offers the most common example of this species of operation. The principal difference in the case is in the shape of the retractor, which is divided into three portions instead of two; for a piece of it must pass up in the interval between the two bones, when you come to saw through them.—Now, in amputating the leg, we do not observe that rule which I have said is applicable to amputation of the thigh—we do not attempt to preserve as much of the limb as possible. Supposing a disease of the ancle-joint to be the case requiring amputation, and that it should be limited to the ancle, we do not operate just above the ancle, but at a certain distance below the knee. It is found that, in reference to the subsequent wearing of an artificial limb, the body may be much better supported by applying the artificial limb to the natural surface of the knee than to the extremity of the stump, especially when it is amputated low down; the rest upon the bent knee is by far the most convenient to the patient; and although, in the other way, there may be a much greater length of the extremity, it does not, in general, answer so well, as the small end of the stump is apt to ulcerate, and does not, at any rate, accommodate itself to the artificial limb, so well as the end of the knee does. We operate therefore on the leg in such a way as to divide the tibia and fibula at about four fingers' breadth from the articular extremity of the tibia, and that leaves a pretty good surface for the limb to rest upon, when it is attached to the artificial leg. Amputation of the limb lower down has been frequently tried, from the wish to save a larger portion of it, but has not been found to answer so well.—I consider, too, that the circular incision answers best in the case of the leg, although this is a part on which the flap operation has been repeatedly practised, and for which it was, in fact, originally proposed. In this operation, the flap is cut from the calf of the leg; either a sort of oval incision is made through the integuments, and then the muscles are divided, or a sharp-pointed instrument is carried through the calf, and the flap is made from within outwards; for which purpose this instrument called a *catling*, a double-edged knife with a sharp point, is well adapted. I will just show you this made of proceeding.—Carry the instrument, in the first place, through the muscles of the calf, close to the posterior surface of the tibia and fibula, and bring it out obliquely backwards and downwards; in this way you get a flap of the soft parts, which will apply to the surface of the stump when you have finished the operation. It is necessary in amputating the leg, to reflect the muscles a certain distance along the posterior surface of the tibia, because there are there no other soft parts in front to assist in forming the stump. Then whether you operate by the circular incision or by the flap operation, you must divide the muscles that lie just between the bones; you do this whether you are operating on the leg or fore-arm, with the catling, passing it between the bones, and dividing first the muscles upon one, and then those upon the other. I pass it through, as you observe, from before, and carry it down close upon the tibia, so as to divide all the muscles; I carry it in the same way down upon the fibula, then pass it between them so as to divide the muscles in that direction. It is necessary here, on account of the close adhesion of some of the muscular and tendinous fibres to the bones, to be particularly careful to divide the whole of the soft parts before you begin to use the saw. Then in applying the retractor, the middle of these three divisions, as you see, is carried in the interval between the bones. In dividing the tibia and fibula, the surgeon usually places himself on the inside of the limb, so that he can divide the bones together. This is not absolutely necessary; you may saw through the fibula first, and the tibia afterwards, or *vice versa*; it is not absolutely necessary that you should divide the two bones at once. If a small portion of the muscular substance should be observed to remain adherent to the bone, just divide it with the knife and do not allow it to be torn through by the saw. Then you bring the edges of the wound together by drawing forwards the flap that has been formed of the muscles of the calf; you observe that you may bring them together very evenly after the soft parts have been divided in this manner; but for my own part, I consider that the circular incision is the best for the removal of the limb in the situation in which amputation of the leg is usually performed, and the subsequent union of the wound by the approximation of its sides laterally, just in the same way I have recommended you to unite the sides of the wound in amputation of the thigh.

Amputations at Joints.—There are certain situations in which we amputate at the joint by preference, and there are other circumstances under which we amputate at the joint by necessity. To the latter cases belong amputation at the shoulder and the hip joints; to the former, amputation of the fingers at the wrist.

Amputation of the Fingers is a very simple affair indeed; it is performed by a circular incision, carried a little beyond the articular extremity of the bone which you wish to amputate. You make a circular cut, leaving just as much integument as will be sufficient afterwards to cover the extremity of the bone, then draw the integument back; and usually in the living subject it retracts sufficiently without dissecting it back; you then cut into the joint, either on the external or the internal side. The removal is, as you see, accomplished with great ease, and the integument thus left forms a sufficient flap; and in this way you perform amputation at any of the joints of the fingers.—It is sometimes advised, that the cartilage covering the articular extremity should be removed when you amputate at an articulation; this is not necessary; if you bring the parts together, they will unite very well over the cartilages; however, it is not difficult to pare off, or to scrape away with the knife, the cartilage from the end of the bone; there is no particular objection to it.—When you have to amputate at the articulation between the metacarpal bone and the first phalanx of the finger, you cannot make a circular incision through the integuments; the configuration of the part does not admit of it; you must, therefore, make an oblique incision—one on each side, and you will find it of advantage, in reference to the subsequent shape of the stump and the arrangement of the parts, to take away not merely the finger, but also the head of the metacarpal bone. If this is left, the metacarpus retains its natural breadth, and of course a very great gap is left between the fingers; whereas if you take it away, you will find that the two fingers come much nearer to each other—so near, that the gap will hardly be observed. In this way, then, you carry the incision from one side to the other, from before backwards, to the joint.—Now you may, perhaps, find it most convenient to separate the finger first, before you remove the head of the metacarpal bone, cutting into the joint the same as if you were removing the finger at the joint merely; for in this way you have the head of the metacarpal bone exposed; you may then carry the knife close to it on each side, so as to separate the soft parts; take it off at about three-fourths of an inch above the joint, by means of Mr. Liston's strong bone-nippers; the wound will then unite well—a very good stump will be formed.

Amputation at the Wrist-Joint.—You may amputate at the wrist-joint, either by a semi-circular incision, extending along the back of the carpus, and a corresponding one on the opposite side, or you may use the catling, and extend the incision from side to side, cutting from within outwards—it may be done either way. Carry the catling in along the back of the hand, and cut the flap in that manner; then cut into the joint at the back, and make the incisions in a corresponding way in front. In this way the hand may be speedily

taken off. You may, if you please, cut from without inwards in either way; the skin comes together and makes a very good stump.—Amputation at the *hip* and at the *shoulder* joints is done, as I have mentioned to you, under circumstances of necessity, that of the fingers and wrist is performed by choice.

Amputation at the Hip-Joint.—With respect to the hip-joint, the necessity of amputating there very rarely occurs. There has been no amputation at the hip-joint at this hospital within the last thirty years or more. I have never seen it done or had occasion to perform it, and I apprehend the chances are, that none of the gentlemen in this theatre will ever be called upon to do it. It is hardly necessary, therefore, for me to enter much into the particular mode of doing the operation on this occasion. I once had occasion, in amputating the thigh, to cut so near to the trunk, that I took off about two-thirds of the trochanter major; and in that case I could, with the greatest facility, have taken out the head of the thigh-bone, and then it would have been an amputation at the hip-joint; and it appears to me in many cases, that the ordinary circular incision as high as you can make it, with the removal of the head of the bone, would do very well, and perhaps even better than the flaps which are usually made in amputating at the hip-joint. You may amputate by making these flaps, carrying in a long double-edged sharp-pointed knife near the external side of the artery, passing it through the back of the limb, and along the trochanter, so as to cut the flap on the outside, somewhere about the direction I now show you, and separating it up to the joint; you have the opportunity of tying the artery when you have carried the knife on the inside of it, as it is pretty much exposed; then you make the flap on the opposite side, and disarticulate the limb. I do not see, however, that this could be much preferable to amputating very high up by the circular incision, and taking out the head of the bone in that way after it has been exposed.

Amputation at the Shoulder-Joint.—In amputation at the shoulder or hip-joint, you must trust to compression with the hand for arresting the hæmorrhage; there is no opportunity of applying the tourniquet in these instances. In the case of the hip-joint, the artery must be compressed where it passes over the bone at the crural arch, and in the case of the shoulder-joint, where it lies on the surface of the first rib. It is expedient, on this account, in both instances to perform the separation of the limb as quickly as possible; for although the artery in both situations may be effectually compressed—although you can stop the circulation of the blood through the limb by pressure, you cannot so completely depend on continued and effective pressure for a certain length of time, as to proceed at all slowly in the operation with safety. The movements of the patient, the fatigue of the person who makes the pressure, tend to render it important that you should be as expeditious as possible in the performance of the operation; of course you expose the patient to a considerable loss of blood when one of these large vessels is divided, unless effective pressure is made; it is necessary, therefore, that you should make your mind up as to the plan of dividing them and of performing the operation, so that you may go through the whole with great celerity; and, indeed, this is necessary in all operations; it is well to reflect—to carry the objects you have to accomplish in view—to make a plan in your own mind—to arrange the instruments, and so forth, so that you will have nothing to do after you once commence the operation, but go through a kind of mechanical process, the different steps of which you have already arranged. We cannot consider the dexterity of an operation is in proportion to the shortness of the time he occupies in going through an operation, but yet, *cæteris paribus*, we say that that operation is best performed which is done in the shortest time; of course it abridges the sufferings of the patient, which is an object of great importance.

Amputation at the Shoulder-joint is a flap operation; that is, you make a couple of flaps, which you cut out of the soft parts surrounding the articulation, and it is expedient to make the flap which contains the principal arteries, the last. These flaps may be formed either by cutting from without inwards, or in the opposite direction. You make an external flap cutting from the point of the acromion obliquely outwards and backwards to the edge of the axilla, and an internal one by cutting from the same point inwards. After making the external flap, which is to be held aside by an assistant, you cut into the joint, and separate the head of the bone from the glenoid cavity, before you proceed to divide the soft parts that constitute the internal flap; and having done that, you can grasp them in your hand, so as to command the artery, before you proceed to divide it. Now the surface of the joint is laid bare. Now I have got the head of the bone out of the socket, and the external or posterior flap is made; then carrying the limb forwards, I can grasp with my fingers this internal or anterior flap which contains the vessels, before I proceed to divide them; and this division I can accomplish, either by carrying the knife from within (carrying it, of course, round the shoulder) or from without. I now hold the parts in which the cavity is situated between my finger and thumb; of course I immediately look for the orifice of the artery, which there is no difficulty in seeing; then having tied it, I bring the part together, and thus you close the wound.

CONFERENCE ON MEDICAL REFORM.

At a meeting of the Medical Conference, held at Exeter Hall, on the 1st of March, it was resolved that Mr. Carter, Mr. Farr, Professor Sharpey, and Dr. R. Dundas Thomson, should be appointed a committee, to superintend the publication of the proceedings of the conference. In pursuance of these instructions the committee have prepared the following digest, from the minutes taken by the secretary, and the notes of the short-hand writer:—

Members of the Medical Conference.

1. British Medical Association, Dr. Webster, Professor Grant, Mr. Evans, Mr. Davidson, Dr. R. Dundas Thomson.*
2. Cornwall Medical Association, Mr. Grainger.
3. Devon (South), Mr. H. Smith.
4. East of Scotland, Professor Sharpey.
5. Glasgow, Mr. W. Farr.
6. Gloucestershire, Mr. Rumsey.
7. Irish, Mr. Carmichael, Dr. Maunsell, Dr. Macdonell.
8. North of England, Mr. C. T. Carter, Secretary to the Conference.
9. Nottingham, Dr. Marshall Hall.
10. Provincial, Dr. Macartney, Dr. Barlow, Dr. Forbes, Dr. Cowan, Mr. Ceely, Dr. Hennis Green, Mr. Crosse, Mr. Wickham.
11. Taunton, Dr. A. B. Granville.†

First Meeting of the Delegates at Exeter Hall, Wednesday, February 3rd, 1841, at Eight o'clock, p.m.

Dr. Macartney, F.R.S., in the Chair.

Present—On behalf of the Provincial Association, Dr. Macartney, Dr. Forbes, Dr. Cowan, Mr. Wickham, Dr. H. Green.

On behalf of the British Medical Association, Dr. Webster, Dr. Marshall Hall, Dr. Grant, Mr. Evans, Mr. Davidson, Dr. R. Dundas Thomson.

The North of England Association, Mr. Carter.

The Cornwall Association, Mr. Grainger.

The Devon and Glasgow, *pro tem.*, Dr. Webster.

Mr. Carter was requested to act as secretary of the conference.

A letter from Dr. Maunsell was read, stating that it would not be convenient for Mr. Carmichael or himself to attend the meeting of this day, and suggesting that a time should be fixed during the following week.

Dr. Webster stated, that a deputation of the British Medical Association had waited upon Messrs. Warburton and Hawes, at the House of Commons, for the purpose of requesting that they would not bring their medical bills into Parliament, until the sentiments of this conference on the subject of Medical Reform could be ascertained. Mr. Warburton had consented to postpone the introduction of his bill, and Mr. Hawes had intimated that he should move for leave to bring in the measure prepared by himself on Friday next, but that sufficient time would be allowed between the first and the motion for the second reading, to enable the conference to communicate their views to him.

Dr. R. D. Thomson stated, that Mr. Hawes had informed the deputation that his object was to have his bill printed, and placed on the same footing with that of Mr. Warburton, and that when he had read it the first time he should name a distant day for the second reading; and, in the mean time, would be happy to receive suggestions from the profession.

It was resolved, that the present should be considered a preliminary meeting.

It was proposed, and after some discussion agreed to, that, in order to elicit the opinions of the conference on the principles and details of a medical bill, the document drawn up by Dr. Webster, at the request of the Southampton committee, should be read, and its various clauses and suggestions should be discussed *seriatim*.

Mr. Wickham suggested, that before proceeding to this discussion a resolution should be passed, to the effect that in the opinion of this meeting neither the bill of Mr. Warburton nor that of Mr. Hawes was considered as satisfactory, or likely to benefit the profession.

After some discussion, the resolution was deemed unnecessary, and was accordingly withdrawn.

Mr. Wickham thought it would be desirable, before deliberating on the nature of a medical reform bill, that the conference should agree as to the grievances under which the profession labours, and the defects which require amendment. The preamble of Dr. Webster's outline of a bill was accordingly read, after which the secretary was requested to read the first clause of the same document:—

"1. That all members of the medical profession in Great Britain and Ireland, being graduates, members, fellows, or licentiates, of any of the existing chartered or otherwise legally constituted universities, colleges, or corporations established in these realms, and all persons otherwise legally qualified to practise medicine at the passing of this Act, shall be constituted into one corporation or faculty of medicine."

Dr. Cowan objected to the establishment of the faculty of medicine specified therein, on the ground that it would be subversive of existing colleges and corporations. He was of opinion that the improvements in medical education, and the greater liberality evinced of late by the corporations, were such as to entitle them to retain their present powers under certain modifications. He thought, also, that the introduction of the elective franchise into the profession was uncalled for, and that it would be productive of disorder and other bad consequences. He admitted that reform was absolutely necessary, and that a minimum qualification should be established, without which no one should be admitted into medical practice. He would render one uniform system of educa-

* On the return of Mr. Carter to Newcastle, Dr. R. D. Thomson was nominated Secretary.

† Appointed 17th March.

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tion imperative on each and every body which at this time has power to examine and to grant diplomas; and he would advocate the appointment of some central and controlling body, which should be authorised to enforce such uniformity of operation. He was also of opinion that the profession required protection, and that the central board should superintend the interests of the medical practitioner, and adopt measures for defending him against the encroachments of illegal competitors.

Dr. FORBES could not agree in the sentiments expressed by his colleague. He thought there should be one examining and licensing board in the capital of each country, and that the Apothecaries' Company should cease to have control over medical education and practice. He was desirous to preserve the existing colleges, though not upon their present footing, and was favourable to the incorporation of the profession.

Dr. GRANT said he would be most unwilling to be instrumental in destroying some of the medical institutions of the country, but he did not apprehend that such a consequence would ensue from the establishment of a national faculty of medicine.

Mr. CARTER thought there was nothing in the clause now under consideration which was incompatible with the persistence of the existing medical corporations, and he was most anxious to disabuse the minds of many professional men as to the tendency of an incorporation of the members of the profession; the powers which would be conferred upon the governing body of a faculty of medicine, were such as the existing medical bodies were either incompetent to perform, or had entirely neglected to put in force.

Dr. COWAN agreed that there should be one uniform system of education for persons intending to practise medicine; and if such a principle were to be established, there would be some difficulty in showing why the duty of examining should be intrusted to a number of different and conflicting bodies; but granting that one examining board alone should be established in each capital of the empire, it did not follow that the corporations should be entirely excluded from any share in the construction of that board, or that they should not benefit in a pecuniary point of view from the fees payable by persons who might be examined. The college of Surgeons of Edinburgh, while it contended for the preservation of existing colleges in their right of examining, was favourable to an incorporation of the profession in each division of the kingdom. Dr. Kidd, of Oxford, had strikingly pointed out the propriety of one examining board for the general practitioner, although he would retain to existing universities the power of conferring degrees.

Dr. MARSHALL HALL thought that whatsoever change might take place in the examining and licensing of candidates for practice, the colleges would still be resorted to, and that medical men would have inducements for enrolling themselves as members. There was no obligation on surgeons taking the diploma of the College of Surgeons, but that corporation was resorted to by most persons intending to practise surgery. The colleges could not be surprised that their own members should demand a national faculty of medicine, for there had been little sympathy between the councils and members of those institutions. Dr. Hall instanced the alienation of their licentiates by the College of Physicians.

Mr. GRAINGER did not see how a national faculty of medicine could be established without putting aside the existing colleges, but he did not think its establishment was the less to be desired on that account, the profession required the protection of a representative governing body.

Dr. WEBSTER was astonished at the remarks of Dr. Cowan. He thought that gentleman was retrograding, for the Provincial Association had, at its Meeting at Southampton, sanctioned the establishment of a representative faculty of medicine; the incapacity of the existing corporations to form a governing body for the profession, or a board of health for the public, or a qualifying body for the candidate for practice, was notorious. He did not see how these objects could be obtained without a properly-constituted governing body.

Mr. WICKHAM complained of the entire want of protection afforded the members by the corporations, but he thought they should not be disturbed further than to subject them to uniform arrangements with respect to education. He was in favour of a central board of control.

Dr. COWAN explained that he had no objection to the central board being appointed by the profession, but it should not have the power of the head of a faculty.

Mr. EVANS had been a licentiate of the Apothecaries' Hall twenty-five years, and had received neither benefit nor protection from it.

A conversation then took place as to the admission of a reporter, and it was agreed that one should be engaged for taking down the subsequent proceedings of the conference; and it was resolved,—That this meeting be adjourned until to-morrow, at one o'clock.

PETITION FROM THE LONDON SOCIETY OF APOTHECARIES AGAINST MR. HAWES' BILL.

To the Honourable the Commons, &c.

The humble petition of the Master, Wardens, and Society of Apothecaries of the City of London,

SHEWETH,

THAT a Bill is now pending in your honourable House, entitled "A Bill for the better Government of the Medical Profession in Great Britain and Ireland."

That the master, wardens, and Society of Apothecaries of the city of London were incorporated by royal charter, in the fifteenth year of the reign of King James the First.

That by an Act of Parliament, passed in the fifty-fifth year of the reign of his late Majesty King George the Third, entitled "An Act for better Regulating the Practice of Apothecaries throughout England and Wales," it was provided that it should not be lawful for any person (except persons then actually in practice as such), to practise as an apothecary in any part of England or Wales, unless they should have been examined by the Court of Examiners appointed by the said Act, and have received the certificate of qualification which the said Court of Examiners were empowered to grant. And your petitioners were appointed to superintend the execution of the provisions of the said Act.

That the Court of Examiners, in pursuance of the powers conferred upon them by this Act, have for a period of upwards of a quarter of a century regulated the course of study to be pursued by candidates for their certificate, and have from time to time extended the period of such study, and gradually raised the standard of qualification of the apothecary as they have felt themselves warranted by the progress of science and the increased opportunities afforded for the acquisition of medical knowledge.

That the course of study required from the present candidate for the certificate to practise as an apothecary, and the examination to which he is subjected, are calculated to ensure to the public the services of a well-educated medical practitioner.

That since the passing of the Act upwards of 8000 individuals have been examined and found qualified for practice.

That it is proposed by the said Bill to establish but one test of qualification, to be determined by examination, for all persons desirous of practising the medical profession, without reference to the particular branch of the profession they may propose to follow. That every individual who shall obtain the certificate to practise medicine to be granted upon such examination, shall be designated a medical practitioner, and shall be at liberty to discharge the functions of the physician, the surgeon, and the apothecary indiscriminately.

That the division of the medical profession into the several departments of the physician, the surgeon, and the apothecary, has been created by the public itself, and will continue to exist, notwithstanding any attempt which may be made to unite the functions of the three; and your petitioners submit that a course of study, and a test of competency, adapted to each particular branch of the profession, affords a much surer guarantee for a high standard of qualification in each branch, than could be attained by a course of study and examination common to all.

That in the opinion of your petitioners, the abolition of all distinction of rank in the medical profession would tend to degrade the profession in the eyes of the public; and would diminish its usefulness, by removing the stimulus to exertion which at present exists in the legitimate object of ambition held out to the general practitioner, of rising from the lower to the higher grade of his profession.

That, in the opinion of your petitioners, the provisions of the Bill which vest the election of members of the Council in a constituency of probably not less than 15,000 medical practitioners, would have the effect of leaving the exercise of the high functions intrusted to the Council in the hands of the most active candidates for the office, who would not, as your petitioners apprehend, be found among the members of the profession best qualified by experience for their efficient discharge: and your petitioners observe, that no other qualification, in reference to age, or length of professional standing, is required for a member of the Council than the possession of a certificate to practise medicine.

That the Bill imposes a hardship upon medical practitioners already qualified, inasmuch as it renders it obligatory on them to apply for a certificate to practise medicine, and to renew such certificate annually; and also subjects them to an annual payment in respect of the same.

That while the Bill requires evidence of qualification from practitioners holding certain public appointments named in the Act, no test of qualification whatever is required from persons engaged in private practice only; in consequence of which the public at large is left wholly unprotected.

That the existing medical institutions of this country are fully adequate to the performance of the duty of superintending the education and examination of candidates for the practice of the medical profession, and that no reason therefore exists for destroying those ancient institutions by the new body proposed to be created by the Bill.

That your petitioners have not been insensible to the importance of effecting certain changes which the lapse of time, and the altered condition of the several branches of the profession have, in the opinion of your petitioners, rendered necessary; and your petitioners have

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accordingly been for some time engaged, in concert with the other medical corporations, in the preparation of a proposed measure for better regulating the several branches of the medical profession, which they conceive will be calculated to satisfy the reasonable expectations both of the public and of the profession.

Your petitioners, therefore, most humbly pray that the said Bill may not pass into a law, and that your petitioners may be heard by their counsel, agents, and witnesses, against the same.

TO CORRESPONDENTS.

GUY'S HOSPITAL.—*In Number 39, Vol. II. of the 'Medical Times,' it is said, "We were told in the Treasurer's office, in 1828, that the funds at Guy's in money alone were nearly £500,000!" By the omission of a cypher by the printer's devil, the total is materially diminished. The sum named to us was nearly of the enormous amount of* FIVE MILLIONS *of* MONEY! *We made a note of it at the time, and mentioned it to Mr. Wakley at his house in Bedford-Square a day or two afterwards, at which he expressed surprise.*

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THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. I.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

IN fulfilment of our promise last week, we shall proceed, though even at the *eleventh* hour, to do justice on our parts to this subject, of which we wish the most ill-informed member of the profession to have as comprehensive conceptions, a d as decided and irrevocable convictions as ourselves, after fourteen years' observation, experience, and reflection, in relation to fundamental and elementary institutions.

We shall dash, *in medias res*, with some general and preliminary observations on the origin of Medical Corporate bodies.—The objections in principle which the philosophical Reformer entertains against these bodies, are founded on such grounds as are generally applicable to all bodies of the same nature, or such as are applicable to one body in particular. The objections on both scores can be sound only in proportion as they are grounded upon history of the circumstances whence they originated, special experience, and the true knowledge of human nature and the human heart.

Learned corporations were first founded to form a *regular* profession, to give security to the public for the good conduct of universities, for the broad, comprehensive, and liberal education of medical men, and to ensure their elevation and respectability; they were also designed to protect the interests as well as to preserve the dignity of the profession, and to promote the advancement of medical science. Valentinian I. incorporated the first Medical College at Constantinople, and extended the same institutions to Rome, "when," as that gorgeous and lofty historian, Mr. Gibbon, observes, "the corruption and servility of the empire were unparallelled, and its decline making rapid progress," of which we now see some striking indications AT HOME. He observes of Medicine, from the commencement of Imperial Circumforaneous Rome to the reign of Dioclesian, "the professions of LAW and PHYSIC are of such common use and certain profit, that they will always secure a certain number of practitioners, endowed with a reasonable degree of abilities and knowledge; but it does not appear that the students in these two faculties appeal to any celebrated masters who have flourished within that period."—Hence, these foundations in Europe were erected and organized upon the imperfect models of the Lower Empire, by the apes of the Greeks and Romans in their civil and social institutions. They had their origin, indeed, in ages of monkish barbarism and darkness—they were the offsprings of chaos, darkness, and the night, in comparison to the institutions, civilization, and wants of these modern and more enlightened times. The suggestion of them was owed to men void of foresight of their future influence upon the Medical Profession and society at large, when they should be perverted from their primary objects through the general corruption of the times, and the morals and manners of the age, by the corresponding disposition of their unworthy members. It seems very extraordinary that professional bodies of men, constituting in themselves a liberal republic or democracy—for, to all purposes and intents, LETTERS and MEDICINE are liberal democracies—should suffer petty oligarchs in their own vocation to usurp the sceptre of power, and appoint the FEW to govern the MANY, as CLOSE, SELF-ELECT, IRRESPONSIBLE BODIES. The FEW took the management of their affairs out of the hands of the MANY, and used their power as they thought proper without honest self-control or representative responsibility to the body at large. But we must remember that despotism prevailed, human experience of institutions was wanting, and the profession without regular form and void consisted in Ignorance, Presumption, and Quackery, incapable of moral order and scientific systemization. Whoever knows the human heart, and its horrid political and legislative history, knows that the MANY are fools, to trust their rights into the hands of the FEW, without free election, ultimate control, and open responsibility to the MANY; for what has ever been the invariable and inevitable result? Irresponsible, self-chosen, uncontrolled man, is capable only of abusing, not using power; his callous, loathsome, and intense selfishness; his lust, his pride, his passions, his feelings, his ambition, his original depravity of nature, tempt him to do wrong and eschew right for his own "sweet sake," in defiance of the injury to society and the profession. Knowing the abominable history of human nature, under these circumstances and conditions of exclusive power, society has no more right to expect purity of principle from the learned corporations of medicine than any other close and self-constituted bodies. The excuse for them of the sciolist and sophist is, "we would rather have a few tyrants than many." It is true that the many with too little spirit of rational and real liberty fall into licentiousness, and oppress and persecute each other from fickleness and envy, at the instigation of vile leaders and artful scoundrels; but, in the end, the MANY always do what is best for their own interests, and advance—like Athens and Rome, and the Greek isles of old, and France and the United States in the present day—in power, knowledge, and wealth, by choosing their own masters, rather than submitting to the few irresponsible oligarchs, who rob all the rest to dignify and enrich themselves.

It has been alleged that medical corporations were expedient to control the corrupt practices of universities;—that our universities were corrupt in granting degrees, and required the control of a superior authority.

For 3,000 years the medical profession has been unequal refractory, irregular, and absurd in its institutions, social character, and management. What, for example, is the history of the profession for the last 300 years in England, which includes the whole period of its existence? Want of respectability, regularity, order, system, interior and moral government, and all the first principles of a regular polity, and a well-regulated body of men. Our improvement has not kept pace with the improvement of political government, and the other institutions and professions of men. Our ancestors left us old pairs of breeches, of a fashion and a fit that will *never, never do!* We are, of all the world, in them, like Spallanzani's frogs, put into inexpressibles for experiment, and struggling to death to kick them off. Dean Swift's old watch-coat is nothing to the bore, uselessness, and inconvenience of them. In one place they are too tight, in another too slack, in a third they split all across, and the devil a leg likes their sit or size. The qualifications of professional men and

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the state of the profession at large, whether good or bad, depends very much in the first place on the university schools, and their more or less perfect constitution, and regulations as schools. What Locke and Adam Smith and others have said concerning them is too true!

There is no doubt that in the state of society in which CLOSE, SELF ELECT, and IRRESPONSIBLE corporations first existed, the most rude and imperfect attempts at legislative polity and government of the profession in this now exploded form was better than none at all, and in the beginning even useful. But in this case, it was a wretched blindness to the future abuses and prejudices not to correct the universities, and carry the principles of sound and rational reform to the true source and well-spring of the actual turpitudes and debasement of the profession, without having recourse to the clumsy and burthensome expedient of creating supernumerary bodies, liable to vice equally bad by faulty constitution, and every temptation to further their own interested ends by the robbery and injury of the profession as a body. Medical corporations have become superfluous bodies, and were swept away in France in 1793, because they were so. When a man has already taken strict examinations from half-a-dozen University Professors or other competent parties, and received his degree or reputation to practise "ubique gentium," where is the common sense of giving up again to be examined by a board of *private* practitioners?

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XX.—THE LAUDANUM PATIENT.

MR. RANDALL, the house-surgeon, to whom the reader has been introduced some time back, was one of the best-tempered men at the hospital, always game for a lark when there was one going on, and yet possessing sufficient tact and good sense to keep quiet when he thought it necessary for the support of his character. He was a universal favourite with all classes, both patients, surgeons, and pupils; for he was kind to the first, attentive to the orders of the second, and never refusing to join in the amusements of the third, when not interfering with his duties. In fact, he was what every medical student ought to be. Not, on one side, a dissipated idler, who sneered at everything connected with study, and thought the only worldly happiness was contained in a pot of half-and-half; nor was he, on the other, one of those intense potterers who haunt the hospitals year after year, cringing to the governors and thinking themselves above the pupils, with the sole hope of being, at some very distant period, elected assistant-surgeon—an aspiration which is never gratified; but he, Mr. Randall, combined the best qualities of the two, and so kept very friendly with all. You could seldom go into his room and not find one or two of the men from the school, and those generally the best, lolling about on his chairs, and taking everlasting lunches there; indeed, his quarters appeared a perpetual scene of bread, cheese, and beer, which were mingled in admirable confusion on the table with catheters, bougies, bones, and manuals of surgery.

Mr. Randall's rooms, or rather his room, for the bedchamber was only a long narrow slip—in fact, a sort of vermiform appendix to his sitting apartment—were on the first floor of the hospital, and in the immediate vicinity of two of the wards. A strong smell of stale tobacco pervaded the interior; for although Randall was no smoker himself, he never objected to it in others, and it was the usual resort of all the pipe-loving portion of our gentlemen. Indeed, the smell would have been much stronger, but there was nothing to retain it, except the carpet which was so worn that it appeared to have been turned the wrong side upwards, and a pair of dingy window-curtains, which had in all probability been hanging there ever since the hospital was first chartered, and now assumed a series of tints varying in their colour from dirty buff to a dull red, looking as much like serum and crassamentum turned into moreen, as could well be.

The furniture was admirably in keeping with the chamber, being dark with age and undisturbed tranquillity. The chairs mostly suffered from rickets, and the sofa was particularly unsteady in consequence of an unreduced dislocation of one of its four hip-joints, which was gradually wearing away a new socket for itself in a corner of the squab that formed its seat. There was an ancient bureau in which Randall kept his books, but the piece of furniture had lost its two hind legs, which were supposed to have sloughed off at a period lost in antiquity, and now it stood by being propped up against the ledge of the wainscot behind, and was in consequence christened by Macarthy "an upholsterous biped." One of its doors suffered from anchylosis of the hinges, and the other had an artificial joint, ingeniously made from an old bent probe, which allowed it to close and open with tolerable facility. The windows commanded a fine view of the hospital garden, with its perambulating patients, consisting of convalescent stumps, recovered operations for club-foot, and last stages but one of œdema, who were perpetually crawling up and down its formal walks. This area was bounded by the backs of the houses in the adjoining streets, all of whose occupants evinced indomitable perseverance in eternally washing their things at home, and then displaying them upon poles from the windows, where they flutttered all day long. By long use Randall had become acquainted with much of the domestic economy of his neighbours through these signals. He knew perfectly when to look out for the appearance of the patchwork quilt at No. 5, and he discovered that No. 11 possessed only two pair of sheets, which were washed by turns, and these last he recognised by sundry patches and repairs.

He was sitting one morning in the surgery, waiting for some out-patients to arrive, when the door opened and our old friend Mac, having first thrust in a small portion of his head to see that the coast was clear, propelled the rest of his body after it, and saluted Randall with the compliments of the morning.

(To be continued.)

QUACKERY AND SQUINTING.

To the Editor of the 'Medical Times.'

SIR,—As this is a period so replete with *professional*, as well as non-professional quackery, I consider it to be the duty of every one legally engaged in medical affairs, and who has a proper desire for maintaining that degree of respectability in his profession, which alone can make it possible for men of feeling and education to enter it or to remain in it, to suffer no well-authenticated specimens of empiricism amongst "regular practitioners" to escape publicity.—I have been a subscriber to your valuable journal from the first number to the present time, and have received particular gratification from the readiness with which I have found you have given insertion to communications of this nature—and I now beg you will allow a place in an early number to the following choice advertisements of a man who calls himself a "resident qualified practitioner." The first was a card extensively circulated in a populous munufacturing district, where were situated two other surgeons, besides three or four more much nearer than Burnley, the residence of the advertising doctor.

H. Hargreaves, Surgeon, of Burnley,

Begs to inform the Inhabitants of *Crawshaw-Booth* and its vicinity, that he purposes attending at *Riley's*, the White Buil Inn, Crawshaw-Booth, every Saturday afternoon, from 3 o'clock to 5, where his advice may be obtained in all cases of the medical art.

H. H. will pay professional visits on these occasions to the confined sick in the neighbourhood if requested, and he treats fractures and dislocated bones, also deformities.

TERMS.—Visit, 1s.—An Opinion, 1s.—Advice without Medicine, 2s. 6d.—Ditto with Ditto, from 3s. to 5s.

☞ No credit given with Advice or Medicines dispensed at the Inn. The first visit will be commenced on Saturday, March 28, 1840.

About a month ago, another advertisement appeared in the shape of bills, posted upon the doors and walls of inns, &c., for eight or ten miles round Mr. H.'s residence.

SQUINTING CURED.—Persons of all ages afflicted with squinting, may have an operation performed, which is attended with but very slight pain indeed, and generally successful, without any loss of work to the labouring classes, by

Mr. Hargreave's, Surgeon, near the Swan Inn, Burnley,

Who feels less diffidence in thus offering his services to the public, in consequence of having had twelve months practical experience in the delicate division of the contracted muscles, and being a resident qualified practitioner.

I will leave yourself and your readers, Mr. Editor, to make your comments, and only remark, that the advertiser is, I believe, as he states, a *qualified* practitioner, and carries on a respectable sort of establishment, which makes his meanness so much the worse.—I am, Sir, your obedient humble servant,

W.

Burnley, April, 1841.

UNIVERSITY OF CAMBRIDGE.

Regulations respecting Candidates for a License ad practicandum in Medicina, *and also respecting Candidates for the Degree of Doctor of Physic.*

1. THAT Candidates for a License *ad practicandum in Medicina*, being previously Bachelors of Physic, be required to produce to the Regius Professor of Physic Certificates of their having attended on Hospital practice for three years, exclusive of the nine Terms which they kept by residence for the Degree of Bachelor of Physic, and of their having attended Lectures on the following subjects; namely—

Practice of Physic and Pathology.
Anatomy and Physiology.
Chemistry.
Botany.
Medical Jurisprudence.
Materia Medica and Pharmacy.
Principles of Surgery.
Principles of Midwifery.
Practical Anatomy for two seasons.

2. That Candidates for a License *ad practicandum in Medicina*, being previously Masters of Arts, be required to bring satisfactor

evidence to the Regius Professor of Physic of their having been employed in the study of Physic for five years after they became Bachelors of Arts; and to produce to him Certificates of their having attended on Hospital practice for three of the said five years, and of their having attended Lectures on the subjects before mentioned.

3. That every Candidate for a License *ad practicandum in Medicina*, be required to pass an Examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic to be nominated by the Vice-Chancellor and approved by the Senate at the first Congregation after the tenth of October in each year.

4. That in case any of the three Examiners ex officio be prevented by illness or absence from taking part in such Examination, it be competent to him to appoint a Doctor of Physic to examine in his stead, subject to the approbation of the Vice-Chancellor.

5. That there be two such Examinations in every year; one in the week immediately preceding that in which the division of the Michaelmas Term falls; the other in the week immediately preceding that in which the division of the Easter Term falls.

6. That a Candidate for a License *ad practicandum in Medicina*, being previously Bachelor of Physic, shall not be examined for the said License until the Examination which shall occur next but one after his having passed the Examination required for the degree of Bachelor of Physic.

7. That every Candidate for the Degree of Doctor of Physic, who has not previously obtained a License *ad practicandum in Medicina*, be required to produce to the Regius Professor of Physic the same Certificates and pass the same Examination as are required in the case of Candidates for a License *ad practicandum in Medicina*.

8. Provided that the foregoing Regulations shall not take effect, until after the end of the Easter Term 1841; provided also that the seventh Regulation shall not apply to any person who was admitted *ad intrandum in Medicina* before the Lent Term 1836.

April, 1841.

REVIEWS.

A Discourse on the Phenomena of Sensation, as connected with the Mental, Physical, and Instinctive, Faculties of Man. By James Johnstone, M.D., Fellow of the Royal College of Physicians, Physician to the General Hospital, and Lecturer on Materia Medica and Therapeutics at the Royal School of Medicine and Surgery, Birmingham. 8vo. Pp. 264. London: Churchill, 1841.

From a pupil of the late celebrated Dr. Samuel Parr we have certainly a right to expect both good writing and profound research; of the former we are well satisfied, and of the latter we cannot but be pleased to find a review of the opinions of Hippocrates, Plato, Aristotle, Praxagorus, Erasistratus, Herophilus, Galen, Hoffmann, Willis, and many others, respecting the organs of sensation. To these learned fathers of medicine he gives their due share of merit. To the modern writers, more particularly to Bell, Grainger, Hall, Magendie, Mayo, Solly, Richerand, Reid, Müller, and others, the author acknowledges his obligations. On perusing the work we find but little original matter in it, but it affords us an excellent collation of the labours of the above writers; the conclusions drawn from their experiments are impartially and clearly dilated upon, and, on the whole, the work is one which will be found useful, instructive, and interesting, not only to the Doctor's professional brethren, but also to the general reader.—The best example of the style and matter of the work will be given in an extract, of which we subjoin one taken at hazard, and we shall also take another opportunity of referring to the work. We cannot help, however, mentioning that a few errors of the press, in addition to those marked in the Errata, have crept in, and which might perhaps mislead the tyro; as an example, at page 121, in the last line, it says, "The EIGHTH cerebral nerve, which arises from the floor of the fourth ventricle of the brain," &c., instead of seventh; this, however, is of course an error in the printing.

OF THE PHYSIOLOGY OF SMELLING.

"To the numerous surfaces the odoriferous particles adhere, and are thus applied to the sentient extremities of the olfactory nerves, by which their impression is conveyed to the brain. The odour of external bodies is drawn into the nose with the air which is inhaled in inspiration; and if we hold the breath, even powerful scents do not affect us; but the smell of substances in the mouth is only perceptible during expiration. In both cases the air is merely the vehicle of the odoriferous particles, and does not otherwise affect the sensation than by carrying these substances in its current. Magendie seems to think it may be possible that the olfactory nerve is not the nerve of smell, for after having destroyed it in a dog, the animal seemed to perceive strong odours when presented to it, and conducted itself as it would probably have done in the ordinary state. Weak odours, however, produced no effect whatever, so that we may probably attribute the influence of the strong smelling substances to the irritation that their pungency would cause in the trifacial nerve, which is the organ of general sensibility of this part, and not to their specific action as odoriferous bodies.—The sinuses afford a large surface for the secretion of mucus, but whether they perform any other office connected with the sense of smell is not known. The olfactory organs are placed at the entrance of the air passages, to give notice of the approach of gaseous or other bodies, which may be unfitted for respiration. To render the apparatus more effective, the lining membrane of the nose is highly sensible to impressions of feeling as well as of smell, so that we detect the small particles of dust or other solid matters which possess no perceptible odour, with the same degree of certainty as we do chlorine or sulphuretted hydrogen gas. The smell is also a powerful ally of the sense of taste, which it assists in discriminating the nature of various substances, and in selecting those which are best suited for food; so that, while the appetite is stimulated by the odour of most nutritious substances, the smell of those which are innutritious or unwholesome usually creates loathing. Such, at least, is the case when the senses have not been vitiated by luxury. Indeed, the taste cannot be perfectly exercised without the sense of smelling; for if the nostrils be closed, meats even of strong flavour become comparatively insipid. In the less civilized races of mankind, and in many animals, especially those which are carnivorous, the organ of smell is more fully developed than in Europeans; and this sense answers other purposes in addition to those which I have mentioned. The savage tribes have doubtless more frequent occasion to exert this faculty, than those who, by a more extensive education, have acquired other sources of knowledge; while in the dog smell appears to constitute the principal guide by which it finds its way from one place to another, and traces the footsteps of its prey, and the master by whom it is fed. In like manner the newly-born child is attracted to the breast of its mother by the smell of her milk long before the sight and hearing are sufficiently perfect to direct its motions.—In brutes, the sense of smelling has great influence both over the passions and over the internal sensations. Thus, in the dog the smell of urine produces the desire to void it; and in all quadrupeds the odour which arises from the genital organs of the female, at certain periods, excites the sexual propensities of the male. Smelling, like other external senses, may be considerably strengthened by the habitual exercise of it, and by a careful attention to its indications, a most striking example of which is afforded by Mr. Wardrop's account of James Mitchell. This boy, who was born deaf and blind, seemed to form his opinion of every person about him by the smell, for when any stranger approached him he would lay hold of the arm or some other part of the body, put it to his nose, and after having taken two or three deep inspirations, he would show a disposition either to become better acquainted with the individual, or to avoid him, and having also examined the dress, his countenance would either assume an expression of pleasure, or, on the contrary, he would turn away in disgust, and retire to a distant part of the room.—That odour is a quality of bodies which can only be made known to us by the sense of smelling, is one of the many proofs of Locke's opinions, and of the absurdity of the doctrine of innate ideas! Do sight, hearing, seeing, taste, or imagination, reveal to us the scent of the rose, or of the carnation? Certainly not; for we often gather a beautiful flower under the expectation that it has a sweet odour, and find it scentless; and many which are sweet to the smell are bitter to the taste. There exist, however, many substances which are either alike agreeable or disagreeable to the taste, and to the smell as well as to the sight, in which case, although we cannot obtain correct ideas of their various properties by one of these senses alone, yet, as each causes us to shun the object of its aversion, even if we should lose two of them, the remaining one would be sufficient to warn us against the poisonous herb or reptile, and thus to accomplish one of the great offices of the external sensations.—Odours are agreeable or the contrary, in proportion to the irritation which they produce in the nostrils, though, by custom, we often become reconciled to scents which were at first disagreeable."

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 3rd April, 1841:—

Epidemic, endemic, and contagious diseases	156
Diseases of the brain, nerves, and senses	137
Diseases of the lungs, and other organs of respiration	277
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	56
Diseases of the kidneys, &c.	4
Childbed diseases of the uterus, &c.	9
Diseases, of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	116
Old age, or natural decay	68
Violent deaths	23
Causes not specified	5
Deaths from all causes	884

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SPIRIT OF THE MEDICAL PRESS.

On Ulceration and Abscess in the Substance of the Lungs.

INFLAMMATION frequently induces ulceration and abscess in the substance of the lungs; and this process once established, the symptoms by which it may be discriminated will be influenced by the number, size, and situation of the cavities, and the constitution of the patient.

There are, I believe, no symptoms to indicate the probability of inflammation taking this particular turn, although when abscess has formed, there are various means by which its presence may with tolerable certainty be determined. The same considerable oppression, obscure or acute pain, in some part of the chest, feverish heat, and cough, may occur here, as when matter collects external to the lungs; but where the two cases stand distinct from each other, they may be readily discriminated. In suppuration and abscess within the lungs, the mucous expectoration becomes muco-purulent, puriform, often sanguineous, and freely excreted; in suppuration and abscess external to the lungs, or empyema, the oppression equally great, but the lungs much compressed, the expectoration will generally be trifling in quantity, and often not materially objectionable in quality. In the one case, the patient may still feel acute pain in inspiration; in the other, there will only be great oppression. In the first case, the sounds of respiration, and of the voice, as conveyed by the stethoscope, will give important and precise information, not only as to the existence, but the seat of the abscess, while examination by percussion will give a heavy and dull, but not an entirely dead sound; in the second case, the stethoscope can give little or no intimation either as to respiration or voice, the lungs being, on the affected side, nearly or altogether collapsed, and impervious to air, while percussion at once demonstrates, by the totally dead sound, that the pleural cavity is filled with a fluid. In the last place, the comparative ease in lying on the side opposite that of the disease, when abscess is seated in the lungs, contrasted with the total inability for so doing when purulent matter is collected in quantity, external to the lungs, will render the evidence conclusive and complete.

It is extremely curious and important to observe and consider the variety of appearances, on dissection, in disease connected with ulceration in the lungs; arising, presumably, from the state of constitution, and whether disposed to healthy or to scrofulous inflammation. In one case, the lungs may be destroyed by ulcerative absorption, independent of previous tuberculous deposit in their cellular tissue; in another, ulceration and abscess will be associated with a copious secretion of tuberculous matter into the bronchial tubes, and interstitial texture of the lungs; in the latter situation, more or less compressing and obstructing the air-passages and blood-vessels, in the former exciting irritation and ulceration of the mucous membrane and surrounding tissues.

The appearances of the abscess often demonstrate the preceding tone of the vascular system; and also, to a certain extent, the condition of the blood. In one example, commencing disease induces a copious effusion of fibrine into the surrounding parenchyma, the accumulation of purulent matter subsequently expanding the little central cyst into a specious cavity, with parietes of a light colour and compact texture; closing the openings of the blood-vessels and air-tubes, and thus preventing hæmorrhage, and for a time the escape of matter. In another, may be demonstrated an effusion equally copious, but not equally cohesive, so that as the increasing pressure of the contained matter expands the abscess, its parietes yield unequally, for the solid matter effused, principally albuminous, failing to afford adequate support, the parietes of the abscess, and apparently the substance of the lungs, are found, after death, partially torn asunder in various directions. In one case, the whole of the tissues entirely destroyed by ulcerative absorption, may leave an even, smooth, light-coloured, spacious cavity, within some part of the lung; in another, ulceration destroying only the cellular tissue, shall dissect the principal part of a lobe of the lungs into its smaller constituent masses, each of which, exposed by dividing the pleural covering of the abscess, remains complete within itself, its blood-vessels and air-tubes still subsisting; although demonstrating each little mass separated from the rest by ulceration.

Again, where disease proceeds to a certain extent only, and small abscesses form in the lungs, with occasional transitory acute pain, and trifling hæmoptysis, I have observed and preserved minute masses of phosphate of lime, assuming no determinate form, expelled by coughing, where the patient, not confining himself to the house, has recovered and enjoyed good health for many years afterwards; and in one such case, examined after death, I detected several of these little masses of hard, tough, ossific matter, lying loose within a small abscess, lined with a coating of fibrine, and about the size of a gooseberry.

Diffused Abscess within, circumscribed Abscess external to the Lungs, with Hydrothorax.

I examined the body of a man, 30, who, six weeks under treatment, had died. With some cough, he used to bring up a chocolate-coloured purulent matter; he complained of no distinct pain, but much oppression in the chest, and although generally on his back, said he could lie on either side. Pulse small, from 100 to 110. Bowels irritable and relaxed, till his death.—*Post mortem:* In the chest, I found the right lung and pleural cavity healthy. The anterior upper margin of the left lung was adherent to the ribs. On the external or convex side, the lungs were separated from the chest by an effusion of several pints of serum, the surface of the lungs being covered with extensive flakes of adherent fibrine. The anterior margin was adherent to the pericardium, and separating the narrow line of adhesion, opened a circumscribed cavity between the lung and pericardium, filled with a turbid, yellow pus. Within the pericardium were about three ounces of serum.—Cutting into the anterior part of the left lung, (which fluctuated,) laid open a considerable cavity, partially filled with a grumous, reddish, fœtid, purulent matter, immediately recognised by Mr. Holberton, as the same that had been split up. This cavity was surrounded by a soft substance, broken down by the slightest pressure, evidently the substance of the lungs, yielding to putrefactive decomposition. In a healthy state of constitution, it may be presumed this disease would have presented a regular vomica; but when purulent action took place, there appeared to have been no remaining power to produce a circumscribed cyst, by the effusion of fibrinous matter.

Large Abscess in the Lungs.

J. F., 31, was admitted into Charing-Cross Hospital seven weeks before death, with no pain in his chest, but frequent cough, and constant spitting, more than a pint a day, of intolerably fœtid pus, without any tinge of blood. Never observed to have rigors, he had frequent hectic flushes, and could lie only on the left side. He gradually sunk and died.—*Post-mortem:* Mr. Canton found the lower lobe of the left lung ulcerated, and expanded into an immense abscess, containing between four and five pints of pus, together with a small detached portion of ulcerated lung; I afterwards peeled off a thin portion of the superficial parietes of this large abscess, including the pleura of the lung, from the pleura of the ribs, to which it closely adhered.—I carefully laid open several branches of the pulmonary artery and vein, tracing them on towards the abscess, and found they contracted pretty suddenly as they approached the ulcerated surface, near which they were closed by the effusion of adhesive matter; but I could nowhere detect the formation of a coagulum in the vessel, as stated by Dr. Baillie.—The small specimen of detached and ulcerated lung, immersed in spirit, beautifully exhibited the fine branches of the bronchial ramifications and air-cells, some few being much enlarged, quite opake, and evidently loaded with a yellowish white solid substance, presumably tuberculous matter, the whole singularity and curiously developed by the ulcerative process, having apparently attacked only the connecting cellular tissue.—*Howship on Surgical Disease.*

DEATH FROM THE BITE OF A VIPER.

To the Editor of the 'Medical Times.'

SIR,—Should you consider the following case of sufficient import, its insertion in your valuable journal will greatly oblige, yours, &c.,

WILLIAM KELGEY, M.R.C.S.L., &c.

CASE.—John Hunter, æt. 41, an agricultural labourer, of rather spare habit, was bitten by a viper on the 21st of August, 1840, at half-past nine o'clock a.m. The wound was inflicted on the radial side of the proximal phalange of the index finger, corresponding precisely to the normal course of the arteria radialis indicis. Of the local symptoms I can say nothing beyond the expression of the patient, that the bite of the serpent was liken to the prick of a needle, which leaves an unpleasant smarting sensation; enough blood oozed from the wound to be discerned; there were no other local symptoms present.—The constitutional symptoms took place in the following rapid order:—In less than ten minutes the patient appeared excessively anxious and terrified, his countenance having a collapsed and cadaverous appearance; complains of being very cold and giddy, to which succeeds vomiting of a bilious character; and here I may remark that the lassitude was so great, that the patient frequently fell prostrate on the ground, declaring that he could not stand. Just at this time the most prominent symptom was sickness, accompanied by profuse perspiration of a cold clammy nature. The above symptoms had supervened ere medical assistance could be procured, when at half-past ten o'clock a.m., Mr. Jeffery saw the patient, and applied a ligature round the wrist *pro forma*, after which, an emetic consisting of ℈j of the sulphate of zinc was given, the patient drinking soap-suds to promote its operation, which took place immediately, and appeared to afford relief to the dyspnœa which was now becoming apparent. At twenty minutes past ten I saw the patient, and found the symptoms running thus—pulse 120 per minute; small, weak, more or less irregular, unequal, and intermittent, with excessive prostration of strength—respiration still remains laborious—face livid and swollen generally—eyes more prominent than natural. The patient still expresses a great desire to be sick, and keeps both his

hands applied over the epigastric region, in order to facilitate the vomiting; the patient has a constant desire to rid the pharynx, soft palate, and trachea from a viscid secretion. The perspiration just now was most profuse; depressions continuing, syncope next followed, which was ere long to be succeeded by death, which took place 25 minutes to eleven o'clock a.m. The patient remained perfectly conscious up to a quarter past ten o'clock a.m.

Treatment.—As the pulse and general prostration seemed to contra-indicate venesection, it was not had recourse to; and as the patient expressed his belief that if he could vomit freely he should get relief, the beforementioned emetic was accordingly given: after the operation of the emetic, diffusible stimuli, consisting of æther and ammonia, were had recourse to; as soon as syncope set in, the horizontal posture being observed, heat was applied over the cardiac and epigastric regions, the feet being also immersed in warm water; stimulating enemata were also employed. Before artificial respiration could be established, the heart had quite ceased to beat,

Folkstone, March 28, 1841.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Williams in the Chair.—"Observations on the Blood Discs and their Contents. By John Queckett, Student of Human and Comparative Anatomy at the Royal College of Surgeons. Communicated by Dr. Pereira."—The author's observations in the paper, whose title has just been given, lead him to the following conclusions:—That each red particle of human blood is a flattened circular disc, consisting of an outer membrane or envelope, with a gelatiniform fluid in its interior, which, under certain circumstances, is capable of becoming granular, and of escaping from the envelope in the form of small globules, the general number from each disc being about six or seven, and that the discs may present either a biconvex or bi-concave surface, the latter form being by far the most common. The author has hitherto failed in making out the existence of a central spot or nucleus, as usually described. He declines stating, at present, what he has ascertained the contained granules to be, intending to lay before the Society, at some future period, not only this, but an important part played by them in some of the effects of inflammation. The author describes, at considerable length, the appearances presented by the granules, both in the act of escaping from the discs, and afterwards pointing out the confirmation furnished by his observations of the correctness of the description given by Leuwenhoeck of the appearances presented by the globules of the blood, that distinguished observer having described each disc as composed of six smaller ones. The author's description was illustrated by a series of drawings of the discs and granules, as seen in the microscope.

Mr. Dalrymple advanced the claims of Mr. Hewson above all other observers of the blood corpuscles, and stated that it was too much the fashion of the present day to forget the labours of our predecessors. He stated, that in a recent work upon this subject by Dr. Mandl, his silence upon the merits of Mr. Hewson's discoveries was any thing but creditable, and that it seemed to be totally forgotten that Mr. Hewson had figured the difference in size and shape of the blood discs of the parent and embryo animal. While he admitted the labour and patience of the author of the paper, he was bound to say that the great majority of these observations had been made by Mr. Hewson, who was perfectly aware of the action of re-agents upon the blood corpuscles. He then detailed several of Mr. H.'s experiments and observations, showing that he particularly described the mulberry-shape the discs sometimes assumed, that he had observed the vesicles break into pieces, and combated the theory of De la Torre, that they break regularly into seven parts.

Hewson was the first to ascertain the exact shape of the blood discs; he described them as flat vesicles, with a central nucleus; that he had seen them "with their sides parallel like a number of coins laid one against another," whilst circulating in the vessels of a frog's web.

His argument that they possess a true nucleus was derived principally from the blood corpuscles of the lower animals, as the frog, toad, and skate, being, from their large size, more fitted for the experiment; but that he had observed the central spot in the human corpuscle fissured through its middle, when the vesicle had been broken through.

Mr. Dalrymple concluded by observing, that almost all that was at present distinctly made out in reference to the physical characters of the blood corpuscles was known to, accurately described and figured by, our illustrious countryman, to whom very imperfect justice had been rendered both at home and abroad.

Mr. Queckett observed, that he only claimed the discovery of the formation of the granules in the blood corpuscle, and the observance of their ejection from the containing body. He was quite aware that Hewson had mentioned the spinous and mulberry-shape of the blood corpuscles.

"Case of Partial Softening of the Right Corpus Striatum and Left Lobe of the Cerebellum, with Imperfect Paralysis of the Left Arm and Right Leg. By Dr. Barker."—The patient is described as having lost all sensation, and almost all power of motion, in the left arm and right leg; neither the intellect nor any organs of sense having been affected before, or being affected after the attack. The only preceding symptom had been muscular weakness. She appeared to have undergone a fit, which lasted about half an hour, five months before.

Between her admission into St. Thomas's Hospital (September 15, 1840,) and her death, she regained the complete power of retaining her evacuations, which had been lessened, but not destroyed, by the last attack; and up to the 3rd of November her other paralytic symptoms had diminished. On that day a fit occurred, and was repeated January the 6th, 13th, and 23rd. In a few hours after the last fit she died; her pulse had been uniformly slow and feeble, her strength had been supported, and no active treatment adopted.

Serum was found, on examination, under the arachnoid of the brain, otherwise it was healthy, except at two points in which there was a softened portion of medullary substance, namely, in the right corpus striatum and the left lobe of the cerebellum.

The cause of death in this case, the author presumes to have existed in the softened points, which he considers as not of the nature of apoplectic clots, or of ramollissement; and he considers the mode in which this lesion produced death as different in kind from what is usually observed where organic disease, after long quiescence, becomes the cause of death. He presumes, therefore, that this event was attributable to disease distant from parts primarily affected.

The author, in conclusion, points out discrepancies between the phenomena of this case and the general rules laid down in regard to the relation between affected portions of brain and the paralysed parts of the body; and expresses his opinion that these rules rest, at present, on an imperfect foundation.

Dr. Addison remarked, that the fact of Dr. Barker's case having been chronic instead of acute, would fail to make any deduction from it so available in reference to received opinions, as though the disease had been acute.

Dr. Barker and Dr. Clendinning conceived that the distinction drawn by Dr. Addison would not influence the deduction made by the author of the paper.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—March 16.

Poisoning by Arsenious Acid; Treatment with Peroxide of Iron.

M. Chevallier read a report on a case communicated by M. Bouillet. An individual swallowed two drachms of arsenious acid on the 11th of November. After a few hours, M. Bouillet administered forty drachms of colcothar; on the 12th there was no amendment, and M. Bouillet administered cathartics and diuretics, but without any good effect; the symptoms ran their course—the urine was very scanty on the 14th and 15th, and on the 16th the patient died. Arsenic was detected by Marsh's apparatus in the urine passed, and in the matters vomited during life. M. Bouillet drew from the case the following conclusions:—

1. In poisoning by arsenious acid, diuretics are useless.
2. Arsenic passes off by the urine.
3. The arsenic is more abundant in the urine the greater the time that has elapsed from its ingestion.

M. Chevallier observed that the last conclusion was unsupported by any facts detailed in the case.

M. Orfila addressed the Academy on the following points:—

Colcothar and Hydrate of Peroxide of Iron.—It is important not to confound these two substances; colcothar is an anhydrous oxide, which is inefficacious in neutralising arsenious acid. If we boil five drachms of this substance in water, holding 1-25th of a grain of arsenious acid in solution, the filtered liquid will still yield arsenic in Marsh's apparatus; consequently, 12½ ounces of colcothar would not absorb a grain of the poison, and therefore colcothar should not be used as an antidote to arsenious acid. The hydrate of the peroxide of iron acts differently, though I admit that it does not completely neutralise arsenious acid.

M. Guibourt proved, in 1839, that 26 drachms of the hydrate of the peroxide of iron, in the state of magma, were required to neutralise seven grains of arsenious acid. I have ascertained, by numerous experiments, that if, in lieu of employing the peroxide in the state of a magma, we use it dry, *i. e.*, as a hydrate, but not moist, being dried at a temperature of from 90° to 120°—about four drachms are sufficient to neutralise about 12 grains of arsenious acid; at least, the supernatant liquid, in which the two substances have been left in contact for some hours, is not turned yellow when acidulated with muriatic acid, and treated with sulphuretted hydrogen.

The experiments, also, of MM. Lesueur, Bouley, (jeune) Nonat, Deville, Sandras, &c., have proved that animals are never poisoned when you administer to them a dose of arsenious acid sufficient to kill them, provided you

simultaneously administer to them the hydrate of the peroxide of iron. MM. Nonat, Deville, and Sandras, have recommended the employment of the dry hydrate of the peroxide, because, under the same bulk, it contains four times as much of the peroxide as does its magma; and they advise the administration of four drachms of the dry hydrate of the peroxide of iron for every grain of arsenious acid.

It was important to determine to what extent the compound peroxide of iron and arsenious acid formed in the stomach is poisonous. MM. Nonat, Deville, and Sandras, had already announced that it was poisonous; and my experiments place the matter beyond doubt. I administered to middle-aized dogs eight drachms of the dry hydrate of the peroxide of iron, combined with 20 grains of arsenious acid; the compound did not contain an atom of free arsenious acid, water boiled on it did not take up a trace of the poison. The dogs were purged more or less copiously, soon manifested all the symptoms of poison by arsenic, and died in from 28 to 40 hours, provided they were prevented from vomiting. After death, arsenic was detected in the urine and liver; the intestinal tube was scarcely inflamed.

From these facts, I think we may conclude—1. That colcothar should never be employed as an antidote to arsenious acid.—2. That *dry hydrate* of the peroxide of iron absorbs and neutralizes a considerable quantity of arsenious acid, forming a sub-arsenite of iron, poisonous, but much less so than arsenious acid; the poisonous effects of this subsalt evidently depend on its decomposition by the acids contained in the stomach, and the subsequent absorption of the arsenious acid thus set free.—3. That it is thence advantageous to administer the dry hydrated peroxide of iron, mixed with water, especially if we excite vomiting—as then both the *free arsenious acid* and the *sub-arseniate of iron* formed in the stomach are expelled.—4. That where vomiting does not occur, there is little reason to dread the presence of the sub-arsenite of iron in the stomach, poisonous though this salt be; for, in proportion as it is decomposed by the acids of the stomach, the arsenious acid thus set free is seized and neutralised by another portion of the peroxide, which should always be administered *in large quantities*.

The complications that may arise in *medico-legal* researches from the presence of the hydrate of peroxide of iron in the intestinal canal demand some observations. I announced, in September last, that certain colcothars, and certain specimens of the hydrate of peroxide of iron of the shops contained arsenic, easily detected by Marsh's apparatus. If, then, hydrate of peroxide of iron be administered as an antidote, and if, on extracting it from the intestines, we find it to contain arsenic, how can we determine whether this arsenic existed in the peroxide itself, or being independent of the antidote, resulted from its reaction on arsenious acid. This undoubtedly important question is of easy solution.—1. We have every reason to believe that, in a case of poisoning, the arsenious acid is not completely neutralized by the peroxide with which it is mixed. If this be so it is sufficient to boil, during 25 or 30 minutes, the peroxide with distilled water, which will dissolve *the free arsenious acid*, but not the arsenic naturally contained in the peroxide of iron, nor that with which it may have become combined.—2. If the boiling water has not dissolved any traces of arsenic, we should agitate three or four drachms of the peroxide of iron, well washed with as much pure caustic potash, *cold*. This alkali will not remove a trace of the arsenic naturally existing in the peroxide of iron, but will combine with any arsenious acid that may have been neutralised by the peroxide of iron, if *the arsenious acid exists in any notable quantity in the sub-arsenite of iron so formed*. The arsenite of potash thus formed is readily detected by Marsh's apparatus, or by sulphuretted hydrogen, after saturation of the excess of the alkali.

If the indicated quantities of peroxide of iron and potash, instead of reacting on each other cold, be boiled together during two hours, the filtered liquid will contain arsenic, whether the peroxide of iron was naturally arsenical, or became so by combining with arsenic existing in the digestive tube.

Presence of Arsenic in the Urine.—As MM. Flandin and Danger have latterly denied that arsenic exists in the urine of animals that have swallowed it, I think it well to add to what I have formerly published on this head—1. That arsenic is found in the urine of dogs poisoned by the application of gr. 1½ of the substance to the cellular tissue of the thigh, or by the ingestion of ten or twelve grains in fine powder, (even though the animals have neither eat nor drank for 24 hours previously,*) or from 4 to 8 grains in solution in water.—2. The secretion of urine is, doubtless, *sometimes* arrested during poisoning by arsenic.—3. If death occurs in a few hours, the arsenic may not have yet reached the bladder. These facts I consider perfectly established, and am willing to demonstrate them to MM. Flandin and Danger. The best mode of detecting arsenic in the urine, is to treat it with nitrate of potash, according to the method I formerly described.

Employment of Diuretics in Poisoning by Arsenic.—I have said that animals poisoned by arsenic do not always pass urine, even though we administer diuretics—of course if we cannot obtain a copious flow of urine, the treatment by diuretics fails; and this occurred in the case communicated by M. Bouillet. But, on the other hand, I have proved, that when, as frequently occurs, we do succeed in obtaining a copious secretion of urine, the poison is rapidly removed from the system, and evacuated in the urine; and in these cases I maintain that diuretics are useful; but I never asserted, that even the most powerful diuretics are sufficient alone to cure poisoning by arsenic; the poison must be expelled from the intestinal tube by emetics and purgatives; and diuretics should then be given to get rid of the absorbed portion of the poison. But, of course, there are cases in which all our efforts will prove fruitless.

M. Bailley said, that all M. Orfila's statements applied to arsenious acid; he would be glad to have some information as regarded arsenic acid.

M. Orfila had not made any experiments on the subject. He only knew that M. Bailley treated the arseniates of potash and of soda with peroxide of iron, and that neutralization did not occur.—[At the meeting of the Academy held on the 22nd, M. Orfila said, he had performed some experiments which convinced him that the peroxide of iron acted similarly in poisoning with arsenic or arsenious acid.]

M. Chevallier said, that a great number of cases satisfactorily proved that the peroxide of iron was an excellent antidote to arsenic. He had lately witnessed, in a case of poisoning, a curious fact, which it was important to know, Usually water will not at any temperature remove from peroxide of iron the arsenite formed by a mixture of the two substances; in the case in question, cold water did not remove the slighest portion of the arsenite of iron, but boiling water in a few moments took up a small quantity.

M. Orfila did not consider the peroxide of iron as an excellent antidote, for as the compound formed by it was itself poisonous, it could not be precisely called an excellent antidote. In M. Chevallier's case, possibly the arsenious acid was not actually combined with the iron. It was right to know, that when the poison was given in solution, it combined with the peroxide of iron much more rapidly than when given in the solid state. In the latter state, the combination requires a space of time varying with many circumstances, such as the quantity of liquid in the stomach, the quantity, and perhaps the quality, of the gastric juice.

M. Chevallier considered peroxide of iron an excellent antidote, inasmuch as it was the best known.

M. Cornac asked, if the administration of the peroxide was useful after symptoms of poisoning had decidedly set in?

M. Orfila—When a quantity of the poison sufficient to cause death has been absorbed, the antidote is useless. But a quantity sufficient to kill may exist in the stomach, and but half of it be absorbed, the antidote will then neutralise the unabsorbed portion, which if absorbed would be fatal. Again, if a fatal quantity of arsenic has been absorbed, half of that absorbed portion may be elimenated by the secretions; and if arsenic remain in the stomach, absorption may again occur and prove mortal, and the antidote will prevent such absorption.

M. Bailley—In my experiments on animals, the peroxide of iron has succeeded when administered from two to four hours after the ingestion of the poison; at a later period it was useless.—*Gazette Medicale de Paris.*

* It has been stated, that arsenious acid when swallowed in the state of fine powder, and in the dose of ten or fifteen grains, *is not absorbed*, but causes active local inflammation, &c.; that it is passed by stool, but that none is contained in the urine. All this is contrary to my experience; whenever I have killed dogs by a large dose of arsenious acid in powder, a part of the acid was absorbed even though the stomach was empty at the moment of its ingestion, and I have detected its presence in the urine, liver, &c. When the œsophagus was tied, the animals lived from eight to forty hours, and were copiously purged. On opening them, I by no means constantly found that intense inflammation, and those sloughs which are spoken of, and there was invariably in the stomach and duodenum, (even where liquid had been withheld from the animals for twenty-four hours before the experiment,) a variable quantity of bile, an alkaline liquid which must necessarily acise on a portion of the arsenious acid, and facilitate its absorption.

VACCINE REPORT.

February, 1841.

To the Rt. Hon. the Marquis of Normanby, Her Majesty's Secretary of State for the Home Department.

My Lord,—The small-pox has prevailed epidemically with considerable severity since our last report; but we do not abate an iota of our confidence in vaccination as the best protective against its malignant influence.

We have vaccinated from this station alone 15,588 persons within the last year, which exceeds the number in any former year by 2,444, and have sent out to our correspondents at home and in the colonies 165,395 charges of vaccine lymph; and we feel considerable satisfaction in being able to state that the matter we employ is obtained by succession from the original virus communicated by Dr. Jenner himself, and that we find it as effectual as ever. We may be excused, therefore, we hope, if we discourage an incautious dissemination of matter obtained from new sources, which has not stood the test of an ample experience.

Henry Halford,
President of the Royal Coll. of Physicians, and of the Vaccine Board.

John P. Vincent,
President of the Royal College of Surgeons in London.

John Bright, M.D.,
Senior Censor of the Royal Coll. Physicians.

Clement Hue, M.D., Registrar.

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VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—62nd Foot, Assistant-surgeon William Stewart, from the 10th Light Dragoons, to be Surgeon, vice Dempster, appointed to the 17th Light Dragoons.—82nd Foot, Apothecary to the Forces, George Allman, to be Surgeon, vice Pope, deceased.

HOSPITAL STAFF.—Thomas Leopold Belcher, Gent., to be Assistant-surgeon to the Forces, vice Apothecary George Allman, appointed to the 82nd Foot.

MEMORANDUM.—The appointment of Surgeon Campbell, from the 93rd Foot, to be Surgeon of the 62nd Foot; and the promotion of Assistant-surgeon Stewart, of the 10th Light Dragoons, of be Surgeon in the 93rd Foot, as stated in the *Gazette* of the 5th of March, 1841, have been cancelled.

MEDICAL OBITUARY.

At Croydon, on the 4th inst., Mr. John Henry, Surgeon, of Thomas-street, Horselydown, aged 42.

On the 17th ult., at Harrow-on-the-Hill, Mr. Bowen, aged 77, resident surgeon of that celebrated school for 50 years.

ERRATA.—Sydenham College Medical Society, Number 80, col. 1st, line 15th, for 'entozom,' read 'entozoon;' line 38, for 'distinction,' read 'destination;' line 51, for 'least protected,' read 'best protected.'—Col. 2, line 55, for 'loosperms,' read 'zoosperms;' line 70, for 'gland, penis,' read 'glans penis;' line 80, for 'prichina,' read 'trichina.'—Col. 3, line 17, for 'filicus,' read 'filiacus;' line 21, for 'bothriscephalus,' read 'bothriocephalus;' line 30, for 'Chafurt,' read 'Chabert;' line 58, for 'pilaria,' read 'filaria;' line 80, for 'vermiculis,' read 'vermicularis.'—Col. 4, line 23, for 'ascites,' read 'ascaris.'—Number 81, col. 1, line 25, for 'pacchioric,' read 'pacchioni;' line 29, for 'spiropleza,' read 'spiroptera;' line 37, for 'entomologist,' read 'entymologist;' line 65, for 'explained,' read 'explored;' line 69, for 'helmenthologists,' read 'helminthologists.'—Col. 2, line 3, for 'indistinct,' read 'as distinct.'—Col. 3, line 52, for 'distinctive,' read 'destructive.'—Col. 4, line 23, for 'beast,' read 'breast;' line 64, for 'mercura pruricus,' read 'mucuna pruriens.'

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

IRREGULARITY AND QUACKERY.—NO. VIII.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog leeches!"—*Ford's Love Melancholy.*

BRITISH.

In England, Scotland, and Ireland, there being no *general law* prohibitory of PROFESSED and OPEN QUACKERY, druggists and medicosters of every class are at liberty to usurp the titles and provinces of physicians and surgeons, general practisers, oculists, dentists, aurists, midwives, chiropodists, spine and consumption doctors, and what not, to endanger the public security and safety, without any REGULAR education or legal qualifications whatsoever, or any responsibility, except to an uncertain *ex post facto* law against homicide and manslaughter; and except also some responsibility, for the most part not stringent not applicable within the jurisdiction of the College of Physicians and its precincts. The collegiate charter of the London College of Physicians carries a clause against quackery, but an act of royal prerogative is not considered valid unless confirmed by an Act of Parliament. This substantive enactment of the charter is therefore a dead letter in law,* under the demonstration of Apothecaries, since the Acts of 1815 and 1818. The "WHOLLY IGNORANT and UTTERLY INCOMPETENT," the graduates of Scotch universities, and others not qualified with the license of the Apothecaries' Society in London, except encroaching druggists, are incidentally and capriciously liable, but not certainly amenable to strict and unexceptional prosecution, with all the rigour of the law, in consequence of the oppressive and vexatious impediments and costs incurred by litigation in common law courts, and want of proceeding by summary process, all which are indirect encouragements and premiums to the irregularity and quackery of unlicensed practisers, and the encroachments of the common chemists and druggists upon the proper and ancient province of the general practitioners, who are exempted by omission in the very same Act. [*See the Evidence of the Apothecaries upon this point, report of evidence before the Medical Committee, H. C., Part III.*, 1834.] In Scotland and Ireland there are no laws prohibitory of irregularity and quackery, except one ancient, practical, and efficient law guarding a certain jurisdiction and precinct of the faculty or corporation of the physicians and surgeons of Glasgow, which is a body distinct from the university of that city. This law had lapsed, but was confirmed by a recent decision of the appellate jurisdiction of the House of Lords, with the assistance of Lord Brougham. This body has now again a renewed power, which had lapsed, to prevent and prosecute all irregulars and quacks who venture to practise within the jurisdiction assigned to them. [*See Medical Times*, vol. iii., p. 114.] The regular faculty of physicians and surgeons of Glasgow have thus established a complete monopoly of their own populous districts against knavish and unprincipled interlopers of all descriptions. All uneducated or irregularly educated persons, or otherwise, in the various departments of medicine and surgery, in this country, are suffered to break out of their proper provinces, as may seem most convenient or agreeable to the inclinations, and to abandon themselves to the arts, maxims, and practices of quackery, as surreptitious quacks, without fear of check and control from the *enlightened* state of public opinion, the *pure* and *virtuous* bias of the public press, or the associated efforts of the profession itself, zealous for public order and strict preservation of its own interests, dignity, and respectability; on the contrary, all such maxims, arts, and practices, being identified with the customs and habits of the country and congenial to the feelings and prejudices of the majority of people, and especially of the most aristocratic and influential portion of the community, are openly and sedulously protected, patronised, and vindicated to the taint and corruption of public taste and selection in medicine, the degradation and ruin of the REGULAR PROFESSION, and the homicidal destruction of the healths and lives of the people, by which means they have obtained a monopoly of their own populous district.

FRANCE, GERMANY, DENMARK, RUSSIA, AND SPAIN.

"They order these things better in France."—*Sterne.*

In France, as in all other civilized countries of Europe, except England, no person whatsoever is permitted to practise as physicians, surgeons, apothecaries, as HERBORISTS, or as professors of any other department of the profession, without having received a REGULAR and EFFICIENT education, and passed through the REGULAR FORMS and examinations of the profession, except under certain restrictions, as branded and licensed quacks, and venders of secret remedies and nostrums. In consequence of arbitrary restrictions, the prevalence of enlightened opinions, the vigilant exposures of the press, the sensitiveness of the profession, and the diffusion of secondary schools through the kingdom; the posting and placarding, and circulation of exposures and cautions, and the denouncing and proscribing, and prosecuting of charlatans; the giving of publicity not only to these processes by advertising them on the doors and walls of all collegiate, scientific, and national institutions, hospitals, class-rooms, &c., also all lists of the annual regular graduates at the three Universities; and, lastly, in consequence of the spirit of intelligence and contempt for quackery being diffused into the provinces and departments by the secondary schools, teachers, and police, the practices of irregulars and quacks are extremely circumscribed and subjected in their influence and operation on the weak and credulous.—In fine, rank quacks, in France, whether natives or foreigners, are liable to penalty of seizure, fine, and imprisonment, at the hands of the police by summary process, under the control of the Minister of the Interior. [*See Beullac's Code de Medeciné*, 12*mo.*] Quacks, nostrums, and patent medicines, after being revealed to a committee of the Academy of Medicine, and ascertained not to be dangerous, are permitted to be publicly advertised and vended, but only on stamped paper, which returns a considerable revenue to the state, and under certain other conditions.

In Austria, the laws of the profession contain clauses of great severity for the checking of charlatanism; and, in order that magistrates may be fully acquainted with everything relating to hygiene and medical police, appointments are provided in the several districts, for a body of well-instructed and experienced medical persons, specially intrusted with this duty; officers for inspectors of hospitals, apothecaries shops, &c., are also appointed, having an eye to the different orders of practitioners, such as the oculists, dentists, and midwives, and putting down quacks and charlatan practitioners of every sort, male and female, who have not duly qualified themselves by passing the proper ordeals, and preventing all but regular apothecaries from selling drugs.—[*From the Observateur Medicalé Belgé, Brussels. See also Med. Gaz., Nov.* 22, 1834.]

In Denmark, the profession is governed by the Royal College of Physicians of Copenhagen; no person is allowed to obtain a license or to practise physic without going through a regular course of study, and submitting to a public examination in physic, surgery, and midwifery. Apothecaries and midwives are likewise examined before they can obtain a license. No patents are granted for the distribution of empirical medicines, which are prohibited under severe penalties.

In Russia, by the laws, no individual is suffered to practise in any department until he has been examined in the medical chancery. If any unlicensed practiser presume to practise or administer medicines, he is liable to suffer the knoute, ("that cousin-german to the cat"—*Peter Pindur*,) and be sent to the galleys during pleasure, and forfeit all his property, one-half of which goes to the imperial crown, and the other to the informer. No apothecary is allowed to give medicines without orders from a physician or surgeon.* "At every apothecary's shop, a surgeon is appointed, with a sufficient salary to attend daily two hours in the forenoon and afternoon, and if the patients are not able to pay for the medicines, they are placed to the Empress's account. The apothecaries receive all their drugs from the Chancery, and are in part employed by the government. There are, indeed, some few private apothecaries, but these are as much subject to the rules of Chancery as others." [*Id. p.* 22. *See also Cochrane's Journey in Russia and Siberia.*]

We have not learned the laws against quackery in Pussia, an enlightened country, which under an absolute form of government enjoys the liberal institutions and advantages of a democracy; but the profession appears to

* In relation to the quack clause of the royal charter of the London College of Physicians, Dr. Hardy, the ingenious Irish medical reformer, states, "It confers no powers in sufficiency; admitting of vexatious exercise, it can never be identified or give equal powers with an act of the legislature, and to confer these is beyond the prerogative of the Crown; although the Crown can constitute a body corporate, it can confer therein no powers, but such as its members *individually* possess; and that by the act of incorporation, no powers can, strictly speaking, be said to be conferred at all, because this merely authorises a combined exercise of rights and privileges, which previously thereto each individual already inherited. (*Letter on Medical Reform*, p. 63, No. 10.) But it appears to us that all the circumstances of the grant of the Charter of James VI. of Scotland and 1st of England to the Glasgow corporation be the same as the grant to the London College, it is doubtful whether the London College, by similar suits at law, might not recover the legal enforcement of their penal powers against irregularity and quackery in all England. Dr. Hardy says these powers have been suffered to lie dormant by the College because no penalty is fixed, and for other less reputable motives.—With respect to the London College of Surgeons, it is a mere system of voluntary admission, and it has no powers whatever to check irregulars, apothecaries, druggists, pure physicians, or the wholly ignorant and utterly incompetent from practising surgery wherever and however they please. Conditional law is never binding and never obeyed; much more unconditional! The peremptory interposition of the strong arm can only keep down quackery.

* 'Letter to Wm. Pitt, on Medical Reform, 1786.' The Edin. Med. and Surg. Jour. has since published an account of the Medical Institutions in Russia, but omitted the prohibitory laws against quackery!

be under *surveillance*, for Professor Rust, in 1833-4, was commissioned by his late Majesty to make an investigation into the state of the profession, and report thereupon, which commission and report were ably executed.—(*See London Gazette*, and other Journals, about 1833-4.)—[We shall be obliged for any information on this point.—Ed.]

The Portuguese and Spanish Doctors are principally SURGEON-BARBERS, as they were in England, save the physicians, even to the first half of the 18th century. The profession ranks so low in Spain and Portugal, that they cannot conceive how it can be true that English physicians and surgeons can *rank as gentlemen!* Their ideas of practice are confined chiefly within the compass of Membrano's helmet, that is, bleeding empirically and indiscriminately for all diseases, after the fashion of the inferior practisers and common routinists in England.

The regular profession in the United States go through a four years' education, but irregulars, unlicensed practisers, and rank quacks, being tolerated by law, some of these latter characters, we are credibly informed, often take the lead in the profession, and contaminate public opinion with prejudices and feelings, that palliate and extenuate the villany of quackery, and favour its propagation and licentiousness.

In our next article we shall review the whole of the English laws against QUACKERY and EMPIRICIDE.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

EXCISION OF THE HEAD OF THE HUMERUS; AMPUTATION AT THE WRIST—OF THE FORE-ARM—PARTIAL AMPUTATION OF THE HAND OR FOOT.—REMOVAL OF ARTICULAR EXTREMITIES OF BONES IN CASES OF DISEASED JOINTS.—LITHOTOMY.

THE amputation of the arm at the shoulder-joint is generally required in cases of serious injury of the bone, such as those inflicted by gun-shot wounds, or in consequence of disease occupying the upper part of the bone, and extending into the joint. In some cases of this kind, the removal of the disease may be accomplished without taking away the whole limb; supposing the head of the bone should be broken and splintered by a bullet, and at the same time there should be a considerable wound of the soft parts, you may, by enlarging the wound, be enabled to remove the head of the bone, and the portion of it which is thus broken and splintered, without performing amputation, and leave the limb in a state in which, though its motions are considerably impeded, it may be very useful to the patient. You will recollect that when amputation is performed at the shoulder-joint, you cannot supply the individual with any artificial substitute for the limb that is lost; therefore, although the motions of the arm and fore-arm may be considerably less perfect than before the removal of the head of the humerus, they may still be of great use to the individual, particularly in the case of the right arm.—This operation of excision of the head of the humerus has been done in several instances, and generally with very satisfactory results, and has left the person in a much better situation than he would have been in, if amputation at the shoulder-joint had been performed. In any case, therefore, of injury or disease involving the upper part of the humerus, if you are satisfied that the disease is confined to the humerus, and that the scapula is uninjured, or that the disease does not extend to it, you may safely attempt this mode of relieving the patient. In other instances, where the condition of the member, generally, forms the cause for the operation, of course the mere excision of the head of the bone will not answer the purpose; but where the disease is confined to the head of the humerus, or that part of the bone immediately adjoining it, this way of getting out the injured head may save the patient the more serious loss of the entire extremity. The operation may be done by enlarging the wound, so as to expose the head of the bone; or if there should be no wound, by making a sufficient incision, and cutting round the head of the bone, so as to enable you to dislocate it, bring it out through the opening you have made, and saw it off. No great difficulty has been experienced in the performance of this operation, in those instances where it has been practised.

Amputation of the Wrist.—I mentioned to you that amputation may be performed in the *wrist*-joint, so that where the disease or injury is confined to the hand, we may save the whole of the fore-arm. In amputations of the upper extremity, it is desirable to adhere to the general rule I have mentioned, of saving as much of the limb as possible; therefore, if you can perform the operation of amputation at the wrist, you will do so; if however the wrist-joint is diseased, you will of course operate above it, though as near the disease as possible. In the case of an injury by gun-shot, or otherwise, that requires amputation, you must, of course, perform the operation according to the situation of the injury.

Amputation of the Fore-arm.—If you amputate in the continuity of the fore-arm, the most convenient method is the circular incision, cutting through the integuments, and reflecting as much of them as will be sufficient to cover the stump. It is necessary to cut carefully round the bones, and to detach the muscles from their situations in the fore-arm, for they are connected closely to the bones and to the dense fascia, so that they do not retract like the muscles in the lower extremity; you must detach them, therefore, to some extent, in order to get a sufficient covering for the bones after the amputation.

Partial Amputation of the Hand or Foot.—It sometimes happens in the hand or foot that disease or injury attacks a considerable portion of the member, without actually rendering the whole useless. Scrofulous disease may be situated in the metacarpus, it may affect one or two bones of it, and not the others. Sometimes similar disease may be situated in the metatarsus, and not extend to the tarsal bones; it may be a disease of such a kind as to render necessary the immediate removal of the part affected by it, and yet there may be an advantage in limiting the excision to the diseased parts, because, in this way, you may leave the patient with a more useful limb than if you performed amputations of the entire hand or foot; a partial amputation of the hand or foot, therefore, may be advantageously practised under certain circumstances.—It not unfrequently happens that the hand is extensively injured. It may be shattered, or severely wounded, by the bursting of a gun or pistol; or it may be entangled in machinery, and dreadfully torn. Under these circumstances you may find that one or two of the fingers, or the thumb, may have escaped, while all the rest may be so lacerated, and the bones so broken, that you cannot hope to restore them to a useful condition. You therefore take away the parts that are irreparably injured, and leave behind those which you may reasonably expect to restore; although it should be the thumb, or even the little-finger alone, the hand will be much more useful to the patient subsequently, than if all the fingers had been removed. You should divide the soft parts therefore, and cut through and remove the injured metacarpal bone, leaving those which have escaped injury. When you first see a part that has been extensively lacerated and mangled in this way, you are inclined to suppose that it will be necessary to remove it entirely; but you should carefully examine the case, and when you find that even a little finger has escaped, you should, if possible, give the patient the benefit that is to be derived from retaining that part. In the foot, partial amputation has been performed; in the case, for instance, of scrofulous affection of the metatarsus, not extending to the tarsus. Here amputation may be performed in the middle of the foot, that is, at the articulation which connects the metatarsal to the tarsal bones. The operation is simple enough; you make an incision along the back of the foot a little in front of the articulation. It is a kind of flap operation, and the flap of the soft parts must be made from the sole of the foot, *for*, on the back, you have merely thin skin covering the bones, which will not answer the purpose. Then make an incision across the sole of the foot as much in front of the articulation as will enable you to take up a flap sufficient to cover the wound. When you have turned up the integuments on the bottom of the foot, and made the flap, you must divide the ligaments that tie the metatarsal to the tarsal bones, and remove the former with the toes. You then bring up the flap, and unite the wound by adhesive plaster, or by sutures. Partial amputation of the foot has even been performed, when certain of the tarsal bones are the seat of disease, between the astragalus and os naviculare towards the inside, and the os calcis and os cuboides on the outside. The line of junction between these bones is nearly transverse, about an inch in front of the ankle; and if you perform the partial amputation in this case, you would do as I have mentioned—make a transverse division along the back of the foot, detach the parts in the sole, and separate the bones at their articulation. There is some doubt in my mind respecting the advantage to be derived from these partial amputations of the foot. The surface that is left for supporting the weight of the body is so different from the natural surface of the foot, that perhaps it may be doubtful in certain cases, whether it is better than a wooden leg. I admitted a patient once into the hospital, who had undergone partial amputation at the tarsus with the metatarsus, and he found the condition of the stump so inconvenient—it was so liable to ulceration of the cicatrix, and the other inconveniences were so great—that he came to the hospital to beg that I would amputate the leg at the usual place just below the knee, so that he might wear a wooden leg. I did this, and he found himself much better off after the second operation than after the first, for in truth he had not been able to walk without pain during the two years that had elapsed since the first operation.

Amputation of Articular Extremities in Diseased Joints.—In the case of disease of the joints, it has been proposed in certain instances to substitute for amputation of the limb, excision of the diseased extremities of the bones; to make such incisions as will lay bare the ends of the bones constituting the articulation, to saw through them, and to remove them. This operation was first proposed by Mr. Park, a surgeon at Liverpool, a good many years ago, though I believe he is still living. He performed it at the elbow and at the knee-joint, and he stated that in both instances the limbs were afterwards of very considerable use to the patients. The operation has since that time been practised by others, but the results have not been sufficiently encouraging to lead to a very general adoption of it. Indeed, on the first proposal of such an operation, it strikes us as one not very likely to lead to useful results. In respect, however, to the elbow-joint, I believe that in some cases where it has been performed, the patient has retained a very useful degree of motion of the fore-arm, together with some mobility in the situation of the excised joint. The results have been most favourable in the case of the elbow-joint. In the case of the knee, however, the portion of the bone to be removed is so large, and the limb after the operation would seem to be so little capable of supporting the weight of the body, or of performing its functions, that we can hardly expect that it should be more useful than the ordinary wooden leg would be, after amputation of the thigh. I should observe, however, that this excision of the diseased ends of bones in other parts, which would otherwise have required amputation, have been performed, and the results have been generally favourable. I should suppose that in order to repeat this operation with advantage, it would be necessary to have a case where you should be quite satisfied that the cause of disease existed in the bone, and that the soft parts surrounding the joint had not suffered very extensively. It is only applicable to those cases where the soft parts remain in a tolerably sound state; and perhaps, under such circumstances, it might be performed at the

elbow. I should observe, however, that I have never performed the operation, nor have I seen it performed, therefore I know nothing on the subject from my own experience.

Lithotomy.—I have next to speak of the operation of lithotomy; and I have made every effort to procure a subject, on which I might show you the operation, but in vain, and I must now consider it hopeless; I shall, therefore, proceed to speak of some of the points connected with the operation, and show you some of the instruments that are used in performing it. I have already apprised you that I consider the *lateral* operation in which the neck of the bladder is divided, the external opening being made on one side of the perineum,—preferable both to the *high* operation in which the opening is made above the pubis, and to the more recently-proposed *recto-vesical* operation in which the bladder is opened through the rectum; the latter indeed I believe has not been practised in this country, so that we know nothing of it here from actual trial. The lateral operation, in the ordinary run of cases, appears to me to be the most simple mode of making an opening into the bladder, and taking a stone out of it; and at the same time it has this advantage over the high operation, that the incision into the bladder is made in a situation where there is no risk of wounding any very important parts. This is not the case in performing the high operation, for there you necessarily come very near to the peritoneum, and run the risk of wounding it, or of exciting inflammation in the cavity of the abdomen or surrounding cellular membrane. It appears to me that considerable risk is inseparable from the performance of the high operation. Previous to performing the *lateral operation*, you secure the hands and feet of the patient in such a way that he may be easily held in the situation in which you place him, and that, at the same time, the perineum may be completely exposed. The confinement of the hands and feet, is rather for the purpose of procuring this exposure of the perineum than to prevent the movements of the patient, of which there is no greater danger in this than in other operations. To bind the hands and feet, you take one of these garters and double it in the way I now show you, pass the two ends through the noose that is formed, and put that round the wrist of the patient; then he grasps firmly with the hand the sole of his foot, under which you carry one end of the garter from the outside, and the other end from the inside, crossing them in that situation; you then bring them both up over the back of the foot, and carry one on the outside, and the other on the inside round the ankle and wrist, so that they form a figure of 8. In this way the hands and feet of the patient are very effectively confined. Before doing this, however, you introduce into the bladder the instrument called a *staff*, which has the same form as the sound, differing from it only in having a deep groove along a part of its convex side, which serves as a guide for the cutting instrument that is to make the opening into the neck of the bladder. This instrument you introduce into the bladder, and feel the stone with it. And it is considered a *necessary* precaution that you should be sure of feeling the stone immediately before you proceed to the operation. It is not to be deemed sufficient to have felt the stone two or three days before. It is the striking of the instrument on the stone that affords the *only clear evidence* of its existence in the bladder, and you ought to have this proof immediately before you proceed to the performance of the operation. After having introduced the staff into the bladder and felt the stone, you have the hands and feet confined in the way I have described. The hair should be previously shaved off the perineum and parts about the anus, so that they may be completely clear. When the surgeon who operates has placed the staff in the position which he thinks best, it is to be firmly held there by the assistant who stands by the side of the patient. The position in which the instrument should be held during the performance of the incision through the integuments and adipose membrane, is not, however, of much consequence, provided its extremity is into the cavity of the bladder. The first step of the operation then consists in making a division through the integuments and subjacent soft parts until the groove of the staff is exposed, and the parts immediately behind the bulb of the urethra are freely divided. If you are operating on the adult, the general rule to be observed respecting the direction of the external excision is, to make it about an inch in front of the anus, and then to carry it obliquely outwards and a little downwards between the anus and the tuberosity of the ischium. The wound through the integuments and external soft parts should be so situated and directed as to be as much as possible opposite to the wound in the side of the bladder, that there may be a straight passage for the forceps by which you are to seize the stone. The object, therefore, would be to have a completely parallel cut, a cut which should have precisely the same direction in the neck of the bladder and in the integuments, for then you can introduce the forceps in a straight direction from without into the bladder. If you make the wound in the integuments more forwards or upwards than I have mentioned, then the course of the incision will be curved, because the wound in the bladder can only be in a certain situation; you have no choice as to that, and your business is to make your internal incision exactly parallel and opposite to it. Now, supposing this to represent the arch of the pubis [*referring to a diagram*], and this the opening of the rectum, the course of the incision will be about such as I now point out to you. It commences in the situation of the raphe of the perineum, about an inch in front of the anus, and extends a little outwards and downwards between the anus and tuberosity of the ischium, being about two or three inches in length. This incision is made with a double-edged sharp-pointed bistoury; the point of which you pass through the integuments deep into the perineum, directing it into the groove in the staff with the finger. Having carried the instrument in that way, you direct it outwards so as to make the incision in the way I have mentioned. Frequently, however, particularly if the subject be fat, you do not cut into the groove of the staff at once, nor is it necessary to do so; you may be obliged to make two or three strokes with the scalpel; and then when you come to feel the groove of the staff, you put the nail of your fore-finger into it, and this serves as a director in making a free division along the urethra immediately behind the bulb. The reason why I particularly mention this situation as the part in which the opening is to be made, is this, that if you were to slit up ever so much of the canal in front of the bulb, it would not at all facilitate the extraction of the stone; such a division can therefore have no object. This division of the urethra terminates the first stage of the operation. Then having the groove of the staff thus completely exposed in the perineum, you adapt to it the beak of the instrument which you employ for making the opening into the bladder. Various instruments are employed for this purpose; and the one perhaps most commonly used, is called a *cutting gorget*. Formerly this instrument was made with a blunt edge, and employed only as a director for introducing the forceps into the bladder; but it struck some operators that it might be advantageously used for making the opening into the bladder itself; a sharp edge was therefore given to it, and hence it was called a cutting gorget. This gorget has a *beak*, as it is called, which fits into the groove of the staff; and when you have exposed the groove as I have already described, you put the beak of the gorget into it, you move it a little backwards and forwards to satisfy yourself that it is in it, and you then take into your own hand the handle of the staff, which had before been held by the assistant. In the former part of the operation, you had required the use of both hands in order to make the incision into the groove of the staff, and to feel that you had got into it; but when you have got the beak of the gorget inserted there, you take the staff into your own hand, and move it in such a manner as to keep it in a certain position with reference to the axis of the bladder, moving the other hand with the gorget gently along, so that this may be confined to the groove of the staff wherever it may be. Now you will immediately perceive if you hold the staff in the axis of the bladder, and move the gorget steadily onwards, the latter will necessarily divide the urethra, the side of the prostate gland, and the neck of the bladder. That portion of the gorget which is situated to the right of the beak, has a cutting edge; it is in fact a knife of a particular shape, and in moving it in this way, you cut whatever comes in contact with it; thus you make a lateral division of the urethra, of part of the prostate, and of the neck of the bladder, to an extent corresponding to the breadth of the gorget. If you want to make a larger division, you must use a larger gorget; the lateral incision will always correspond to the breadth of the instrument. When you come to introduce the gorget, your object is to carry it as nearly as you can into the centre of the bladder; with this view, and that you may avoid wounding any parts that are not required to be cut, you take the staff into your own hand; you depress the handle, and thus elevate the point; by carrying up the handle, you make the groove side press against the inferior part of the bladder and the rectum; you must combine the movements of the gorget with those of the staff, and in order to give the beak of the former the proper direction, you must depress the handle of it when you depress the handle of the staff. When you have carried the gorget into the bladder, it then slips off the staff, and you feel that the two instruments are no longer in contact.—The affair of introducing the gorget along the staff into the bladder, is by no means a very difficult one; the only circumstance of difficulty is, that you have got to keep the two instruments in exact contact with each other, and you must do this without seeing them. When you are looking at them, nothing is more easy than to move them along in contact, but if you look another way and move them, you do not find it quite so easy; yet it only requires a little consideration and coolness to do it with the same facility in the body, as you might be able to do it out of the body. You must bear in mind always the direction of the axis of the bladder; consider the importance of carrying the staff and the gorget in such a way, that their direction may correspond with the axis of the bladder; take great care not to place them in such a position that there can be any risk of wounding the rectum. The rectum lies very closely in contact with the bladder; and if you introduce the instruments in a direction in which the gorget will press downwards, it is by no means difficult to wound it. The rectum is connected to the bladder only by a little loose cellular membrane, and if you carry the staff so as to press on it strongly, and carry in a sharp cutting instrument upon it, under such circumstances it may very easily be wounded.—If you use the gorget, I do not know that you can employ one of a better form than the one I now show you, in which the cutting edge is directed a little outwards and downwards. It is not quite lateral, but it is a little inclined downwards from a straight line, according to the direction of the instrument.—There are other modes of opening the bladder besides cutting into it with the gorget. You may use a knife for this purpose; in truth, you may cut into the bladder with the same knife with which you make the division of the integuments, and expose the groove of the staff; you may carry the point of that knife onwards into the bladder, although it is not very well adapted for the purpose, for the sharp point of the knife would stick against the groove; therefore a beak at the end of the instrument is better, and if you use a knife, it will be convenient to have a knob at the end of it, in order that it may be easily carried into the bladder along the staff. This is an instrument of that kind—a long slender knife, with a beak, and this was employed by Mr. Thomas Blizard, surgeon to the London Hospital, an operator of great celebrity and dexterity. The beak of this instrument slides along the groove of the staff, and thus you carry it into the bladder, and divide the neck of it and the prostate gland, by moving the instrument a little downwards and outwards. The gorget makes the cut as it enters the bladder, but this narrow knife cuts in coming out. The gorget necessarily cuts to a certain breadth as you put it in, owing to the width of the cutting edge; but if you employ an instrument of this kind, the breadth of

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the cut depends on the mode in which you move the instrument. This is Mr. Blizard's knife, adapted for the purpose. It should be longer, broader, and considerably stronger, than what I now show you, which is the instrument for the young subject. Various other knives and gorgets have been invented by different persons who have fancied that some particular construction or shape of the cutting instrument would obviate the difficulties which they met with, but the multiplicity of gorgets and knives, and other instruments for cutting into the bladder which now exist, is a clear proof that an instrument that will go into it at all events, is not yet discovered; indeed I believe that those who have been engaged in the research, are satisfied that the success must depend on the hand that directs, and not on the instrument itself. There is no doubt that a person who has a good knowledge of the parts and organs that are to be divided, may make an opening into the bladder, and extract the stone with almost any instrument that has been devised; and I believe that without that knowledge, none of the instruments that exist will enable a person to do it very safely and properly. For my own part, I have always been in the habit of using that instrument which is called *Blizard's knife*. I do not pretend to say that it is preferable to all others, but at all events it is simple enough, and the operation is easily performed with it. I should be inclined either to use it, or that kind of gorget which is now sent round for inspection. I should say to persons who have not practised the operation much, nor considered very accurately the parts, that the gorget may be the safest instrument in their hands. It cuts the prostate and neck of the bladder in a determinate extent, and is, therefore, a more certain instrument than the knife; but for my own part I prefer the latter.—Then having made the incision of the prostate and neck of the bladder, you introduce your fore-finger along the staff into the bladder, and feel the stone with the end of your finger. Having done this, you remove the staff from the urethra, and introduce the forceps along your finger into the opening you have made; then expanding the blades, you move them about, and on bringing them together, you find that you have included between them the stone, which you have now only to draw out of the bladder. When the stone exceeds a certain size, you occasionally find considerable resistance to its extraction, so that before you have performed the operation a few times, when you begin to draw the stone out, finding that it does not come away easily, you begin to suppose that you have got hold of a piece of the bladder; but the truth is, the sides of the bladder, the prostate, and the soft parts situated between the bony arch, necessarily oppose a resistance to the extraction of the stone. You have only got a certain space between the bones for the removal of the stone; this space is occupied by the urethra, the muscles that surround it, the adipose and cellular substance and other soft parts, and you have to draw it through an opening you have made in half that space; you have to extract a stone perhaps of considerable size, with the addition of the thickness of the blades of the forceps. You will immediately see, therefore, that you cannot make an opening in those parts sufficient for a stone beyond a certain size to come out; there is not actual mechanical space for it, even if you could get the whole of that which exists between the bones. I have tried all kinds of instruments on the dead body, so as to see the mode in which the prostate and neck of the bladder have been divided, and I have never found that the incision has gone further than the prostate. Now if you compare the size of the opening that can thus be made with the ordinary size of stones found in the bladder, you will immediately see, that in dragging a stone through an opening there, you must accomplish the removal of it by considerable distention and partial laceration. No doubt the violence that is thus offered to the parts, and the inflammation which it causes, are the principal sources of the mischief which takes place afterwards, and the source of the danger to which the patient is exposed; but it is inseparable from the operation.—In drawing the stone out, when you come to experience resistance, you should hold it firmly, move the forceps from side to side, then pull it gently, performing this distention and laceration of the soft parts with as little violence as will just answer the purpose; move the forceps from side to side, then stay a little, giving an opportunity for them to yield without any very violent or forcible proceeding. You should observe also, in doing it, to draw the stone as much as you can towards the lower part of the pelvis, where the interval between the bones is the widest. If you draw upwards, you attempt to extract the stone through the narrowest part of the arch, and you will find that the forceps in a certain state of extension will not come through this part, while, if you depress the handle, they will come with great facility through the lower part of the arch. The patient is laid on his back during the operation, therefore in drawing the stone out, you should draw almost perpendicularly downwards towards the ischium; if you elevate the handle of the forceps, you bring the stone against the pubis, and opposite to the narrowest part of the bony arch.—If you have removed one stone, you may introduce your finger, and see if there are more; and if the stone should have given way, and broken under the operation into fragments, you may remove a part of those; you may remove more of them, and still find that there are others remaining behind. Under such circumstances, it is expedient to throw in a little warm water into the bladder with an ordinary glyster-pipe, so as to scour it out.—This then is the most common way of performing the lateral operation for lithotomy; it is not, however, invariably or universally adopted; for instance, of late, some gentlemen have preferred using a straight staff, or a staff very nearly straight, with a slight curvature at the end of it. If this staff is used, it is necessary to take great care to hold it in such a way, that it may be directed towards the axis of the pelvis: for if you carry it more depressed, the cutting instrument would be very likely to wound the rectum and the neighbouring parts. If the straight staff is used, the handle must be brought considerably down, indeed nearly parallel to the thighs of the patient, to admit of the cutting instrument being carried safely into the blander.—There is an instrument which has been frequently employed for making an opening into the neck of the bladder and prostate gland called a *bistoury*, or by the French *lithotome caché*; it is contained in a sheath, formed with a beak at the end, which can be introduced into the bladder along the groove of the staff; then, when it is in the bladder, you force it out of the sheath by a kind of lever, and draw it straight out, so that you make a horizontal incision through the prostate and neck of the bladder. Here you can make an incision limited in extent as you do in using the gorget, but, in this instance, you make it in coming out, instead of in going in. The extent to which the blade starts out of the instrument is determined by the position of the screw in the handle; if you carry the screw to a short extent, then the blade only comes out a short way; if you carry it further, then you increase the extent to which it comes out. This instrument has been a good deal used in France, and I believe sometimes in England, and it is not a bad instrument. It comes out with great facility; the knife being sharp when you draw it out, it passes so easily, that you can hardly fancy that you have made a cut with it.—A mode of proceeding has lately been proposed, and extensively practised by the Baron Dupuytren, which he calls the *bilateral* operation; it is executed by means of a double *lithotome caché*, which, when introduced into the bladder, appears as a simple instrument. In this method the first incision is made in a different direction from the external opening which is made in the lateral operation; supposing this to be the anus [*referring to a diagram*], the direction of the incision is semicircular in front of the anus, going equally on the two sides of the raphe of the perineum; in the lateral operation, you commonly cut only on the one side; but, in this bilateral operation, the incision is semicircular, the ends of it being turned towards the anus, and the convexity towards the penis. The groove of the staff is exposed in the situation which I have before mentioned, just below the bulb of the urethra, and then this instrument is passed in by means of the staff into the bladder. When it is there it is turned, so that the convexity is directed upwards, and the concavity downwards; then you press upon the two handles by which you open the instrument—it is exactly similar to this simple lithotome caché, except that there are two blades, one on each side, which can also be limited in the extent to which they start out, and which make an incision through the neck of the bladder and prostate on each side as you withdraw them. This operation has the advantage of making a freer division of the prostate and neck of the bladder—of making a larger opening than is usually made for the extraction of the stone. It might be usefully employed, where we have reason to expect that the stone is large. You can readily understand that the stone will come out more easily through an incision of this kind, than through one of only half the extent. It has also the further advantage, that the opening into the bladder is in the middle line, so that although it is beyond the usual size, it is not extended in any direction where an artery is likely to be wounded. In the middle part of the perineum the vessels are small, and, in fact, there are no large vessels there, except along the inside of the ramus of the ischium and pubis, where the trunk of the pudental is found, and there is no risk of wounding that or any important vessel by this incision. I believe this bilateral operation has been found to answer extremely well in the hands of Baron Dupuytren, but like the recto-vesical operation, it has not been practised in this country. In cases where a large stone is expected, where the prostate is likely to be enlarged, and where you want a freer incision than ordinary, I think this operation might be employed with advantage.—After the operation for lithotomy, the urine flows out through the wound—the whole of it passes in that direction for a certain time; but in proportion as the wound heals, it begins to pass through the urethra, and to take its natural course. The patient sometimes experiences considerable uneasiness after the operation, and before the urine begins to flow through the wound; the sides of it, perhaps, are agglutinated by the blood that may have been discharged; he wants to make water, and cannot pass it; the bladder becomes distended, and very great uneasiness is the consequence, until the accumulated water forces a passage for itself. This inconvenience has been so considerable, as to induce some surgeons to introduce through the wound a small cannula, which may give a passage to the urine, even if the sides of the wound should become agglutinated. The length of time that elapses before the urine passes by the natural channel, differs in different instances; generally, provided everything has gone on favourably, some water will begin to pass by the natural way in about a week; and in children it will begin to come by this way still earlier. In the last instance in which I operated on a child in the hospital, he began to make water on the third day, and I think I recollect one case where it came through the penis from the time of the operation, none passing through the wound, the sides of which, I fancy, adhered closely together. In an adult it generally begins to pass in a week from the time of the operation, and at the end of a fortnight nearly the whole of it will pass through the penis.—The after-treatment of patients who have undergone the operation of lithotomy is often a matter of considerable importance. Inflammation of the bladder may come on, the cellular membrane surrounding it and the peritoneum may inflame; in the latter case active antiphlogistic treatment, the free abstraction of blood, the free application of leeches to the abdomen, &c., are what you have to depend upon. There are some few points remaining which will form the subject of another lecture.

At a late sale, the skeleton of Holloway, the murderer of Mr Steele, on Hounslow Heath, in the year 1802, was knocked down to a surgeon for 30*s*.

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ON THE MODE OF PREVENTION OF THE SMALL-POX PITS.

THE importance of preventing the unseemly scars, consequent on small-pox, will be a sufficient excuse for the trial of a practice, by several found successful.

The following plan, although known, has not been fully proved in this country; viz., the application to the affected parts of the "emplastrum ammoniaci cum hydrargyro."

We have taken some remarks from an inaugural thesis, read before the Faculty of Medicine of Paris, in 1840, by Dr. Joseph Olliffe, of Cork. The author first notices the "ectrotic" treatment (from the Greek *ektrocis*, signifying abortion, or destroyed before maturity).

Bretonneau and Serres published the first papers on the subject, in the 'Archives Generales,' in 1825. The former pierced the point of each pustule with a gold or silver needle, armed with caustic, on the second or third day of the eruption.

Serres, in the confluent variety, painted the whole affected surface with a solution of the nitrate of silver; but in the distinct variety, he merely touched each pustule.

M. Velpeau removed the top of each pustule entirely, and introduced the caustic into the cavity.

At the time this treatment created a great sensation, and was in general very successful; but it has fallen into disrepute, from its practice being in all cases painful, and in many impracticable; also, M. Guersent relates some cases where its practice was followed by cerebral affections; although Serres asserts that his plan prevents cephalitis, otitis, ophthalmia, &c., which so often follow small-pox.

Several other means have been recommended. "Cotugno" advised that the face should be washed frequently with warm milk and water.

The Arabians open the pustules, and press out the matter.

Dr. Picton of New Orleans, excluded the light from the sick chamber, and in no one case were there any pits left.

M. Le Grand has recently read a paper before the Academy of Medicine, in which he states that the application of a thin layer of dissolved gum Arabic, to be immediately covered by gold-beaters' leaf, prevents pitting.

Dr. M. Good recommends that a piece of fine linen, or cambric, on which some cetaceous cerate is spread, should be applied.

Mr. Wade has found benefit by using the solid nitrate of silver in the papular stage.

Mr. George also, from covering the pustules with calamine.

The method advocated by Dr. Olliffe is to mask the whole face with a sheet of the "unguentum ammoniaci cum hydrargyro," leaving orifices for the mouth, eyes, and nostrils; also, a small quantity of mercurial ointment is rubbed upon the eyelids.

Under this treatment the papules quickly disappear, or are converted into vesicles, or scabs. The fit period is in the papular stage, although even in the pustular stage it may be successful.

In the distinct variety the mask is kept on for three days, and in the confluent for four days. In reference to the *modus operandi* of the treatment, Dr. Olliffe asks, "Ought we to admit the existence of animalculæ?" and that they are destroyed by the mineral; or, "Does the metal act by diminishing the coagulating power of the blood?"

Before we can arrive at a knowledge of the *modus operandi* of the treatment, we must previously investigate the cause of the scar, or pit. Mr. Ceeley gives this explanation.

The eruption commences in papulæ, which have their seat in the corium. These papulæ consist of an adventitious membrane, formed in the corium, from a secretion by the papulæ. This membrane is raised in the form of a cone, and is intimately connected with the epidermis. When the pus forms, it separates the epidermis from the subjacent adventitious membrane.

When the pustules burst, or are broken, secondary inflammation is set up, the corium is destroyed, and the subjacent cellular tissue sloughs, leaving a deep red excavation, which forms the small-pox pit.

We believe that the effect of the plaister is mechanical. It produces absorption of the peculiar secretion which forms the papulæ by an equable and continued pressure, and by a removal of the cause the secondary inflammation never occurs, and its ravages are thus prevented. That this is the *modus operandi* would seem to be proved by the fact, that the remedy loses its effect if not applied before the pustular stage. The mercury may have, besides, a specific effect, by stimulating the absorbing vessels.

UNIVERSITY COLLEGE HOSPITAL.

CONTUSED WOUND AT THE POINT OF THE ELBOW.

C. P., a robust, muscular, and healthy looking man, 36 years of age, was admitted Nov. 27, 1840, under the care of Mr. Liston. Three days ago he slipped on the pavement and fell backwards, striking his left elbow against the edge of a stone step; he found that he had received a small transverse cut just over the point of the elbow, which bled a little, but which he thought of no consequence; however, it became very painful on moving the arm, and yesterday the skin became red and puffy, and the upper part of the fore-arm swollen and hot. Bowels opened by medicines; tongue whitish. At present there is a slight bloody purulent discharge from the wound, which is about a third of an inch long, and in a transverse direction; the skin of the arm just below this feels boggy, and fluctuates; it is of a dull red colour, which disappears on pressure, but gradually reappears when that is removed; the whole fore-arm is inflamed, and the upper part particularly is swollen and œdematous; much tenderness for a considerable distance around the wound; an incision about an inch long was made from the wound downwards over the ulna; about a teaspoonful of matter escaped with the blood. Water-dressing to the wound, and hot fomentations around the arm; the patient to keep in bed, with the arm kept extended, and the elbow elevated on pillows; to take a saline draught with antimony three times in the day; middle diet. Mr. Liston remarked, that these cases were very frequently followed by extensive suppuration in the cellular tissue along the course of the muscles of the arm, unless early means were taken to give a free passage to the matter, and prevent its accumulation. He also said, that he had seen even disorganisation and destruction of the elbow-joint follow lacerated wounds in the same situation as the present one, and that it was of the greatest importance to keep the joint perfectly quiet and motionless, so as to favour the process of cure as much as possible, and diminish the tendency to inflammatory action in the joint.

28. The inflammatory swelling of the arm has now nearly disappeared; there is only a little redness in the immediate neighbourhood of the wound; little discharge. Saline draught twice a day, without antimony.

Dec. 2. Wound closing rapidly; very little discharge; dressed with zinc lotion daily; a little papular eruption round the elbow, probably from the oiled silk.

14. Discharged, cured.

INFLAMMATION OF THE ABSORBENTS, AND ERYSIPELAS FROM CHILBLAIN.

S. M., aged 23, was admitted January 6, 1841, under the care of Mr. Liston. She is of slight stature, and of the nervous temperament; she appears to be labouring under inflammation of the absorbents in the left leg and thigh, resulting from the irritation of a chilblain on the great toe of the same side. Numerous bright red streaks are seen running from the dorsum of the foot up the front and inner side of the leg, rather behind the prominence of the internal condyle of the femur, and up the inner side of the thigh to the groin; there is some hardness along this course, and great tenderness on pressure; there is no general enlargement of the limb perceptible; the streaks are very distinctly marked, being hardly broader than one-eighth of an inch, and, occasionally, running into one another. The patient complains of a feeling of soreness and burning in the inflamed parts; she has violent headache, and is very restless and uneasy; her bowels are rather costive; her tongue thickly coated, and brown at the back; her mouth is "much out of taste," and she complains of thirst and dryness of the fauces; the pulse is quick and irritable, but not full. She says that the chilblain on her toe has been troublesome for some weeks; that three days ago she walked about four miles, an unusual distance for her, and that the next day the pain up the leg commenced. There is no enlargement of the glands in the groin, although there is some pain and tenderness in that region. The patient to be kept in bed with the affected limb raised on an inclined plane and pillows as high as she can conveniently; the limb to be fomented every two hours with flannels wrung out of hot water, which are to be changed every two or three minutes for about half an hour; water-dressing to chilblain; to have eight grains of extract of colocynth, and four of calomel at bedtime, and a black draught in the morning. Middle diet.

7. The medicine did not operate freely this morning; the house-medicine was, therefore, repeated with good effect; there is rather less tenderness and redness than yesterday, and the redness is of a duller cast; tongue still very much furred. To have a draught, containing two drachms of Epsom salts, five grains of carbonate of magnesia, one-eighth of a grain of tartarised antimony, and an ounce and a half of water every four hours. Continue the fomentations.

11. Yesterday the thigh and leg looked considerably better, but to-day the redness has become a little brighter, and more diffused; over the foot and lower half of the leg it has much the appearance of erysipelas; the red parts are elevated above the healthy skin, and feels very hot; the streaks of the thigh are almost invisible. Mr. Liston made a number of punctures with a lancet over the inner and front part of the leg where the redness was deepest; the limb was then allowed to hang over the bed, and was fomented until it had ceased bleeding; several ounces of blood flowed, and the patient expressed herself much relieved afterwards.

13. Punctures repeated on the other side of the limb, the inflammation having extended to that side since yesterday morning. The thigh is now quite natural, the redness not extending higher than the upper edge of the patella. The patient is now less feverish; pulse is quieter, about 98; bowels open; tongue, however, is still foul, and breath rather offensive. To take seven grains of mercury with

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chalk every other night, and the draught twice a day.

16. Much improved; redness fading everywhere; there is a part over the external condyle which is very œdematous, and has a soft boggy feel; there is, however, no feeling of fluctuation; there are several large bullæ on the outer side of the foot, and over the heel.

17. Inclined plane removed; leg supported only on pillows. Discontinue the medicine. To have a tablespoonful of caster-oil every third morning, if her bowels are not opened regularly. Full diet.

23. The redness has now entirely left the leg and foot, the skin of which looks shrivelled and dry. Patient walks about a little, but says that the leg feels very stiff, and swells a good deal in the evening. To have a bandage applied from the toes to the knee, and to keep the limb rested on a chair.

27. Quite well, cuticle desquamating; general health perfectly good. Discharged, cured.

TO CORRESPONDENTS.

A. B.—*An answer in our next.*

J. M.—*Too late for insertion in our present number.*

Zero.—*Many thanks; shall be glad to hear from him again.*

R. S.—*We are too often blamed for those irregularities over which we have no control. It was regularly posted; we will, however, supply another if necessary.*

A. R., S. P., Alpha, &c.—*Received, and of which we shall avail ourselves the earliest opportunity.*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. II.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

The next great objection to Medical and Surgical Corporations is, that power has been given to these bodies to frame their own laws, by-laws, and statutes, to any extent, provided they do not interfere with the law of the land, without appeal to any superior or disinterested authority.—It is from the power granted to particular corporate societies to legislate for themselves, with the intention of removing a load from the shoulders of superior branches of the legislature, which are always like Atlas, ready to stop and cast the globe from his shoulders, that these dubious institutions and their gross abuses arise. The fullest scope is thereby afforded beyond the consciences of their individual members, for the unlimited display of the odious disposition to monopoly and exclusiveness. The fundamental principle that renders the French system so much more perfect in its constitution lies in this point, that the supreme authority over the profession is removed from interested and exclusive bodies, and the schools are made dependent upon one and the same power, regulated by the same laws, and the same supreme jurisdiction, viz., that of the government of the interior or home department of the country, a system capable of combining and uniting force with justice and impartiality.—When Bishop Watson was inundoed by George III. for democratic leanings, "Please your Majesty," said he, "I would rather be under one tyrant than three!" Our forefathers, who have bequeathed us their old watchcoat and superannuated breeches, appear to have invested small bodies of pedantic, womanish, and paradoxical individuals with irresponsible power, as if they had the innocence and simplicity themselves to think that human nature was all principle and perfection. Vested with these irresponsible powers, the inherent corruption and self-interested feelings common to the self-love of man have always prevailed in these bodies over the force of public principle and public duty. The original purposes of these institutions, which were good, are perverted at last to no other end than the exclusive aggrandizement and mercenary speculations of their superior members, having nothing in view but a monopoly of high employment and wealth. Everything is done, that can safely be done, towards the keeping up of the robbing of one set of men for the advantage of another. This we shall amply prove in our forthcoming Sketches of the old French Colleges, and the British Colleges of Physicians. A permanent conspiracy is established to counteract all fair dealing, and to sacrifice the interests of the profession at large to the views of an incorporated knot of selfish and interested men. These wide interests are thus subjected to all their whims, caprices, and vanities.

The practical evils which have resulted from the commission of supreme power to a few interested individuals, electing themselves in perpetuity members of a medical corporation, have been these:—All acts are reduced to a system of jobbing, juggling, and sinister influence. Cunning, servility, and sycophancy, obtain an overwhelming precedence before merit and sound principle; they become a portion of the system of monopoly, jobs, and places.

For instance, by restricting the right of Fellowship to Oxford and Cambridge, the just and equitable principle of leaving every man to get his knowledge where he pleases, provided that he possesses the proper qualifications, is set aside. Also, to serve the particular interests of one corporation and two ecclesiastical universities, a school of medicine, until the erection of the London University and King's College, has been prevented from being formed in London, the fittest site in Great Britain for it. The resources of some of the largest hospitals in Europe have been wasted "on the desert air," and hundreds of students have been obliged to quit the kingdom annually to get their knowledge in other countries, and carry the advantages of their expenditure away from their native soil. There has been no capital in Europe which has been for 300 years without a faculty and school of medicine, except London. M. Chomel, Professor of La Charité, in 1838, said to us, "So, sir, at *last* you are going to have a medical university in London, and not, I think, before it is greatly wanted!" These corporations have been a part of the systems and principles which has provided for an inert and unproductive class of men like monks, at the expense of productive industry and talent. What have the pompous and powdered nobs of the medical corporations of France, England, and Ireland ever done for medical improvement and instruction, and yet their elevated members have always assumed a rank and priority of distinctions before the most talented professional teachers?

In consequence of the power of these bodies, and the esprit de corps among their fellows, have they not obtained the possession and disposal, either directly or indirectly, of several of the principal hospitals and public institutions in metropolitan cities, and exercised a positive influence over the elections to them? In consequence of the principle of free competition and emulation being superseded by corporate influence in the metropolis, has not the cultivation of medicine in England been followed with languor and indifference?

This was the case, at all events, under the corporators elected by the old French colleges; and has it not been the case with the London Hospitals? Has there been one great hospital under the care of a fellow of the London College of Physicians, where, for the last half century, one word of medical and clinical instruction has been to be gained? It is well known, whether consequently or not to corporation influence, that the medical instruction to be derived from hospital attendance in London has been, out of all comparison, at a lower ebb than in France, Germany, or any other country.

As to the advancement of medical knowledge by learned corporations, all history proves, that in medicine, and every other science, they have done more like dogmatists and servile imitators, to uphold the old and exploded doctrines of the past absurd and various medical schools and sects, than to advance well-founded innovations, discoveries, and improvements. Have they not persecuted our greatest authors and innovating worthies?

Medical and surgical corporations, indeed, have been the dens of exclusiveness. Dogmatism, bigotry, authority, illiberality, and prejudice, the realms of chaos, darkness, and the night. All the improvements in the sciences and arts of medicine and surgery, which are one in education and degree, say what they will, have not been owed to colleges and corporations, nor to university schools. Neither have we been indebted for them to the promiscuous multitude of the ordinary routine profession, who practise one regular method in all diseases, according to indolence and custom, and rightly or wrongly in the application, without any alteration according to circumstances. Medicine has been improved almost solely by single innovators, born and gifted by nature to be great physicians. Hippocrates was the first great innovator, and it was the distinguishing characteristic of this, as well as of all extraordinary geniuses since, in physic, that he effected a revolution in the profession by introducing a new system, and so setting the example and

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laying the foundations of a continued improvement. He was the father of medicine; he indicated greater genius and ability than any other individual of his time; he was singularly adapted by his natural powers for the advancement of science; he surpassed those who possessed situations equally advantageous. In fact, in successive instances it has always been found that the profession of medicine, as a body, or its corporations of private practisers, have never improved their science and art, but merely contributed to its advancement, by preparing the way for one of those great geniuses who occasionally make their appearance, and by their long-opposed but ultimate intellectual ascendancy, produce important revolutions in the world. (*See Bostock's History of Medicine, Cyc. of Med.*) It is asserted by Beddoes, and all John Hunter's pupils, that he did more to advance the science of medicine than all the colleges and schools that ever existed in England.

MR. HAWES'S REFORM BILL.

Mr. MUNTZ — In committee on Medical Profession (No. 2) Bill, to move, that all prescriptions shall be written in English, at full length, and also that labels upon jars, drawers, &c., in the shops of chemists and druggists, shall be written or printed in the same manner.

Mr. HAWES — In committee on Medical Profession (No. 2) Bill, to propose the following clauses:—

And be it enacted, "That nothing in this Act contained shall extend, or be deemed or construed to extend, to prejudice, interfere with, or in any way or manner affect the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, and medicines, and medicinal compounds, wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, and all assistants of such persons in the said trade and business, shall and may use, exercise, and carry on the said trade or business, or assist in the using, exercising, and carrying of the same in such manner, and as amply and fully to all intents and purposes whatsoever, as the said trade was used or exercised, or carried on, or was assisted to be used, exercised, or carried on before the passing of this Act."

Act not to apply to the trade of venders of patent or proprietary medicines.

And be it enacted, "That none of the powers, provisions, prohibitions, regulations, or penalties in this Act contained, shall apply to the trade of owners and venders of patent and proprietary medicines."

MR. HOWSHIP'S MUSEUM.—The museum of pathological anatomy, collected by the late John Howship, Esq., has been opened to the public for a few days previously to its being sold, by order of the executor. The collection reflects great credit on the industry and discrimination of the deceased, and furnishes ground for regret that a collection so scientifically prepared and classified should be dispersed. Mr. H. possessed paintings, plates, and drawings, scientific and ornamental, which showed he was a man of taste, and a liberal patron of literature and the fine arts.

MEETING OF CHEMISTS AND DRUGGISTS.

On Thursday a public meeting of chemists and druggists was held at the Crown and Anchor, Strand, to receive the report of the committee appointed at the last meeting to protect the interests of those trades against the projected interference of Mr. Hawes's Bill; Mr. Richard Hottam Pigeon, of Throgmorton-street, in the chair.—Messrs. W. Allen, Dinneford, Hudson, Bell, Morson, Savory, and other highly respectable members of the wholesale and retail trade were present. Mr. Smith, secretary, read the report, which stated that they had opened a communication with the chemists and druggists of Great Britain and Ireland, who not only co-operated with them, but had also forwarded subscriptions towards opposing Mr. Hawes's Bill. A deputation waited upon and induced Mr. Hawes to erase every clause that referred to chemists and druggists. The committee also called upon him to introduce a protective clause in their favour, to which he assented. Another Bill having been substituted, similar opposition was given to it, and on its second reading a number of petitions were presented against it, and the house was counted out. (Hear, hear!) The College of Physicians, the College of Surgeons, and the Apothecaries' Hall having resolved to obtain some legislative Acts to control the chemists and druggists, the committee required of the meeting full powers to resist such an attempt. The committee, in conclusion, recommend the chemists and druggists to establish a Pharmaceutical Association, as it would protect the general interests of the two trades, elevate the profession of pharmacy, and advance the welfare of every chemist and druggist. Mr. Payne moved, and Mr. Dinneford seconded, the adoption of the report. Mr. W. Allen moved the formation of a Pharmaceutical Association, composed of chemists and druggists. Mr. John Bell supported the motion, which was unanimously adopted. Mr. Morson moved a resolution appointing a committee to draw up laws and regulations for the direction of the Association, which was seconded by Mr. Dariss, and carried unanimously. Several gentlemen having enrolled themselves members of the association, and thanks having been voted to the chairman, the meeting separated.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XX.—THE LAUDANUM PATIENT.

"WHAT's the news, Ran?" was Mac's first question.

"Little enough from me," returned his friend; "I hear nothing in this place. My opinion of a house-surgeon is, that he's about two degrees worse off than a prisoner in the Fleet."

"Well, you have not much longer to stay," replied Mac, seating himself upon the table, and playing with some tooth instruments. "What a room of torture this is!" he continued, after a momentary gaze around the surgery, and at the different instruments hanging about.

There certainly was a great display of all kinds of articles, that any one skilled in the art of ingeniously tormenting would have delighted to contemplate. Gags for obstinate poison-takers; bougies and catheters for retention and stricture; keys, elevators, forceps, and punches for the odontalgists; caustic for producing a healthy surface upon refractory "raws;" long savage-looking histouries; deeply insinuating probes and scalpels; lancets and directors of every size and capacity.

"There only wants one thing to render this apparatus perfect," said Mac, as he gazed around.

"And what's that?" asked Randall.

"A twitch for their noses," replied Mac. "Don't you know what a twitch is? It's a piece of broomstick with a string-loop that you put over colt's noses, and screw up tight when they run rusty at being singed. You would find it a capital remedy for epistaxis."

"I don't doubt it," returned Randall.

"I think it would be a valuable addition to the surgery. By-the-by, I've formed a beautiful diagnosis lately."

"What about?" asked Mac.

"Between various fractures," returned the house-surgeon. "For instance; a fractured femur always comes on a shutter; a fractured tibia in a hackney coach; and a fractured arm in a patent cab."

"And what good does that do you?"

"Oh, nothing particular—only if you see an accident coming, you know what it is, and what to get ready."

"Then you had better be looking after your apparatus now," rejoined Mac, "for here's an accident coming in."

In confirmation of his statement, a crowd of dirty little boys surrounding a group of three persons, the middle one of whom was being supported by the other two, crossed the court of the hospital and came up to the surgery. As the nurse opened the door to admit them, the whole posse pressed forwards to obtain entrance with the patient, and the place would have been certainly carried by storm, had not Mac gone to the assistance of the nurse, and vigorously repelled the assailants with a straw junk—an instrument of warfare that he applied pretty liberally to the heads of the intruders.

"Now then, Missus, what is it?" said Randall, when Macarthy had succeeded in closing the door and bolting it, addressing himself to a woman who had come in with the patient.

"He's pisened hisself with lodnum," was the reply; whereupon she began to moan in the most approved manner of poor people in a dilemma, thinking that ever she should a lived to have seen the day, and recollecting it was only last night he was saying how he meant to join the teetotallers.

"When did he take it?" asked Randall, feeling in his waistcoat pocket for the key of his stomach-pump box.

"Why, docthor," rejoined the woman, "you see there's a benefit society at the Corner Pin public-house, and the members has some 'cursions on board the steam-boats—"

"My good woman," interrupted Randall, "I asked you when he took it—can't you give me a simple answer?"

"I don't know, I don't know," replied the woman, wringing the corner of her apron as if she laboured under a belief that it was wet. "All I can tell is, I'd been into Mrs. Watt's to help her wash, and when I came back the room was locked, and I looked through the keyhole, and there he was a sitting on his chair with his hands hanging down just like a corpse. Oh dear, oh dear, what shall I do?"

"Is he your husband?" asked Mac; "why he isn't quite, but almost," was the answer.

"What makes you think he has taken laudanum?" inquired Randall.

"I found this bottle on the floor," said the woman, producing an irregularly-shaped green phial, with letters blown on it, and labelled 'Laudanum—Poison.'

"I don't think that's opium," said Mac smelling the bottle; "it's more like lacquer for brasswork."

"He's evidently in a state of coma," replied Randall, "and his breathing is anything but

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what I should like mine to be. Well—there's only one plan—I suppose I had better perform a solo on the stomach-pump."

"And then we'll give him a promenade concert in the garden, to keep him awake," added Mac. "Get a basin and some warm water, Surgery!"

"I think he's been sitting in the sun a little too much," observed the nurse with a knowing assent, as she tilted the kettle, implying, by that delicate metaphor, that the man was drunk.

"Now mind," replied Randall, placing a perforated gag in the patient's mouth; "it will benefit him either way."

The pump was soon in action, and when the stomach had been thoroughly washed out, Randall and Mac inspected the result.

"There is no laudanum here," said Randall in an under tone.

"It's all grog, for a pot," replied Mac.

"I think so too," was the answer; "however, he shall have a benefit. We'll rince him out once more, and then give him a run."

"Do you think he will recover, docthor?" asked the woman.

"Certainly," answered Randall; "but it will require great care."

"Good bless you!" rejoined the woman.

"That's what he'll do," observed Mac, as he sent the first syringe-full of warm water down the œsophagus. At the conclusion of the operation the man appeared a little relieved. He opened his eyes, rolled them heavily about, gave a sulky grunt, and tried to raise himself from the chair.

"Now we must mind he don't go to sleep again," said Randall; "and for that purpose he must be walked gently round the garden. You can stay here until he returns," he continued to the woman, and then supporting the patient with Macarthy's aid, they led him into the garden.

"How are you, old brick?" asked Mac, when they got out of ear-shot.

"I'm the Marquis of Waterford and Prince George of Peckham and Camberwell," growled the man in the true accent of inebriation.

"Yes, yes, we know all that," said Mac. "Don't you think a little cold water would relieve him, Ran?"—"I should say so decidedly," replied the house-surgeon; "and if I have a reference, it should be fresh from the pump."

There was a pump in the garden principally used for the purpose of irrigating the esculent vegetables which grew there for the consumption of the matron and secretary, as well as strengthening weak ligaments and relaxed joints by its bracing stream. Towards this point, Randall and Mac dragged their patient, and seating him opposite to it upon the ground, propped up by the garden-roller, the first named gentleman worked at the handle, whilst the latter interrupted the stream with his hand, jirking it copiously into the face of their victim until he was wet through and through.

"Now we'd better dry him, I think," said Mac, when they had persevered in this innocent recreation for about five minutes: Upon which, in spite of the struggles and remonstrances of the man, who having been in reality only dead drunk, was coming to his senses again very quickly, Randall and his companion supported him by the axilla, and ran him round and round the garden until every bit of breath was out of his body, and they themselves quite overcome with fatigue.

"Will you ever do it again?" asked Mac, with as serious a face as he could command.

"Never, s'help me taters," was the answer. "I'll be a blessed teetotaller—if I don't I'm——"

"Hush!" said Mac, gravely. "Recollect how you have been snatched from the jaws of death by our united efforts! How came you to get drunk so early in the morning?"

"It's all along of the 'scursion to Herne Bay, as I was steward for. I had the grog to keep, and could'nt help it."

"And how did you come by this bottle?" asked Randall, taking the laudanum phial from his pocket.

"I keep's laoquers in it," was the answer. "I'm a gilder by trade."

"I said it was," said Mac, quite delighted at his prognosis; "I knew it all along."

"How the devil did you know what laoquer is?" asked Randall.

"I worked with a dentist once," replied Mac, "and we used it to set off the brass things that he kept in a little case at his door, and made the people believe were gold."

The man being pronounced recovered, was now led back to the surgery. He departed in a short time with the woman, accompanied by the cheers of such little boys as had waited outside the whole time, and looking very pale and repentant. It seems, however, the ordeal he had gone through had a good effect, for three days afterwards Mac saw him with a clean shirt collar, and a blue bow on his hat, entering the Temperance Coffee House that was close to the Hospital.

ROCKET.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 10th April, 1841:—

Epidemic, endemic, and contagious diseases	150
Diseases of the brain, nerves, and senses	124
Diseases of the lungs, and other organs of respiration	251
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	45
Diseases of the kidneys, &c.	4
Childbed diseases of the uterus, &c.	10
Diseases, of the joints, bones, and muscles	5
Diseases of the skin, &c.	3
Diseases of uncertain seat	96
Old age, or natural decay	45
Violent deaths	24
Causes not specified	3
Deaths from all causes	780

PRESENTATION OF A PIECE OF PLATE TO MR JACOB.—The attempt by the government, through the influence of the Poor Law Commissioners in Ireland, to deprive Dr. Jacob of his rights of citizenship, has called forth a spirit amongst the profession in support of their civil privileges, which is truly laudable; they have carried, at their several meetings throughout the country, resolutions condemnatory of the arbitrary power exercised towards Dr Jacob; and they have determined on presenting an address from the great body of the profession, accompanied by a piece of plate to Dr Jacob. The profession in a case of this kind know no politics—men of all parties unite—and, in truth, the treatment pursued towards Dr Jacob is of as deep interest to lay, as well as professional guardians under the Poor Law; for if the gagging system be pursued in one case, and remain unnoticed, it will be attempted in another. We rejoice to see such unity amongst our professional brethren of the sister island.

CONFERENCE ON MEDICAL REFORM.

Second Meeting of the Delegates, Thursday, February 4, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—Provincial Association, Dr. Macartney, Dr. Forbes, Mr. Cooly, Dr. Cowan, Mr. Wickham, Dr. Hennis Green.

British Medical Association, Dr. Webster, Mr. Davidson, Mr. Evans, Dr. M. Hall, Dr. R. Dundas Thomson.

North of England, Mr. Carter.

Cornwall Association, Mr. Grainger.

The minutes of the preceding meeting were read.

A discussion took place as to the publication of the proceedings.

Dr. FORBES proposed, and Dr. WEBSTER seconded a motion, that the proceedings should not be published from day to day, but that, at their termination, a publishing committee should be formed, and through their agency a digest should be printed and published; but that, in the interim, the conference should have a discretionary power to publish any part of their proceedings, if such a course should be deemed requisite. The motion was put from the chair, and carried unanimously.

Dr. WEBSTER proposed that each section of delegates should explain the powers intrusted to them.

On behalf of the delegates from the Provincial Association, Dr. FORBES stated that the central council had forwarded to their delegates resolutions to the following effect:—

1. That in any new arrangements existing corporate bodies should be duly respected.

2. That neither the Bill of Mr. Warburton nor that of Mr. Hawes was satisfactory to the council.

Dr. COWAN maintained that a general medical faculty would be ruinous to existing institutions; and in opposing its formation, he thought he was only acting in conformity with the resolutions of the central council of the Provincial Association.

Dr. FORBES could not see anything inconsistent, with all proper respect for the present medical corporations, in the establishment of a national faculty or incorporation of the profession.

Dr. MACARTNEY was of opinion, that the respect which should be shown to existing corporate bodies should not be allowed to compromise the public interests.

Mr. GRAINGER inquired if the provincial delegates were at liberty to support the establishment of a faculty, if it were found that such an institution were incompatible with the continuance of existing corporate bodies.

Mr. CARTER, as a member of the Provincial Association, could perceive nothing in the resolutions of the central council which was at variance with the report of the Medical Reform Committee of the same Association. That report insisted on the incorporation of the profession, at the same time that it expressed a desire that all due consideration should be shown to existing interests and bodies. The report was unanimously adopted; and its author, Dr. Barlow, was the individual who proposed that power should be given to the central council to take such steps as they might deem expedient for promoting medical reform until the next general meeting of the Association: a motion seconded by Mr. CARTER.

Mr. CEELY was of opinion that the instructions he had received were by no means inimical to the incorporation of the profession into a faculty.

Mr. WICKHAM could not see clearly how such an institution was to be established, with-

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out divesting the present corporations of their authority and their pecuniary resources. He should like to hear the subsequent heads of the Bill read before forming an opinion.

Mr. DAVIDSON asked, if the provincial delegates represented the Association, or the central council only.

Dr. MACARTNEY replied, that they were appointed by and were the representatives of the council. He was of opinion, that if the officers of the present corporate bodies were hereafter to be elected by the members thereof, that a general council or governing board might be composed of a certain number of those officers chosen from and by the councils of their respective corporations.

Dr. WEBSTER read a portion of the report of the Reform Committee of the Provincial Association adopted at Southampton last year, wherein the establishment of a faculty was distinctly recognised and advocated. He also read extracts from a letter addressed to him by Dr. Barlow relative to the same point.

Dr. FORBES was of opinion that the time had not arrived for considering the privileges of the corporations in connexion with a new system of medical government.

Mr. CARTER thought that such discussion should be deferred until the fifth clause of Dr. Webster's Bill, relative to the establishment of a general medical senate, was taken into consideration.

Mr. WICKHAM had no objection to pass over the first clause.

Dr. COWAN thought that the whole Bill should be read, that members of the Conference might see the connexion of one part of it with another. This being assented to, the secretary read the Bill.

Mr. GRAINGER stated, that he felt himself bound not less by duty than by inclination to act in conformity with the principles of the Cornwall Medical Association, which are as follows:—

"That all legally-qualified practitioners shall form a faculty of medicine, which shall elect a senate for each capital of the United Kingdom; that these senates should be subject to the same laws and regulations, and shall form by-laws for the government and protection of the faculty. That the members of the existing medical corporations shall be invited to take part in the formation the first senate. That all candidates for degrees in medicine shall be publicly examined by a board elected as the senate shall suggest. That a high medical qualification shall be demanded from candidates, who shall receive equal rights, titles, and privileges; and that a register shall be kept of the names of the members of the faculty, and that no one whose name does not appear in the register shall be entitled to practise. That no member shall sell drugs, or compound medicines, unless prescribed by himself, or others in consultation with him, and for his own patients, except by special licence."

Dr. WEBSTER said, that the delegates of the British Association were left at liberty to use their discretion, so long as they kept in view the principles which had been invariably upheld by that body.

Mr. CARTER made a similar statement relative to the North of England Medical Association.

Dr. FORBES suggested that it would expedite the business of the conference if a few general principles were, in the first place, agreed upon by the delegates.—This proposition was acquiesced in.

Mr. GRAINGER accordingly proposed.

1. *That the representative system of government be considered by this conference as an essential principle of medical reform.*

Mr. EVANS seconded the motion.

Mr. WICKHAM thought that if this principle were acted upon, it would require to be controlled by many checks. He could by no means see the *necessity* for its adoption.

Mr. DAVIDSON observed, that the provincial delegates were bound to support the principle by the recorded sentiments of their parent body.

A discussion now took place as to the mode of taking the sense of the meetings on the various topics which should be brought before them, and it was resolved unanimously,—That when a very general feeling should prevail in favour of a given opinion, those who might not acquiesce in it should enter a written protest against its adoption.

Dr. COWAN and Mr. WICKHAM desired that the following protest should be recorded on their behalf:—

"We agree that medical reform is requisite, and that the representative principle is desirable, if it can be found to be practicable, but we do not regard it as an *essential* feature of reform."

The other delegates were unanimously in favour of Mr. Grainger's motion, which was accordingly declared to embody the opinion of the Conference.

Dr. GREEN read a letter from Mr. Crosse, of Norwich, expressing the regret of that gentleman that he could not be present in his capacity of a delegate. Mr. Crosse observes,—

"I humbly conceive that no change can be satisfactory, unless it goes to the extent of making medical education and legal qualification to practice uniform throughout the empire, with liberty to reside in any part of it. Moreover, I deem it absolutely essential that there should be an annual registration of all gentlemen legally authorised to practise, specifying residence and grounds of qualification. The above general principles being kept in view, we should respect existing institutions to all the extent practicable; but I am an enemy to all partial patchwork, unsystematic legislation, and to the maintenance of privileged corporations for local and individual purposes."

2. Dr. FORBES proposed, "*That, in the opinion of this Conference, there should be an uniform test of qualification, and equal privileges for all persons who shall hereafter be licensed to practise medicine in the British dominions.*"

The motion was seconded by Dr. MARSHALL HALL.

Dr. MACARTNEY thought an examination was no proper test of qualification. He contended, there should be one standard of education for all practitioners; he would have no insufficiently educated medical men.—The learned gentleman then read an extract from a paper written by himself, wherein this principle was advocated.

Dr. COWAN suggested that the word *minimum* should be substituted for *uniform*.

Mr. EVANS objected to the term minimum, it would tend to produce an erroneous impression, that the qualification must be of a limited and insufficient character.

Dr. FORBES could see no objection to both words being employed. When an uniform qualification was spoken of as a passport to medical practice, it did not follow that a still greater amount of knowledge might not be acquired, that the medical studies should not be prolonged, or that degrees in medicine and surgery should not be conferred on those who should prove, on a subsequent examination, that they were entitled to such honorary distinctions.

Dr. WEBSTER maintained that the general practitioner received the highest medical education of any grade in the profession. He did not approve of one class of practitioners being provided for the rich and another for the poor. The latter were more in need of well-educated medical attendants than the former. The poor man had, for the most part, no latitude of choice; but the rich could call in aid a plurality of opinions.

Dr. COWAN was strongly in favour of two grades. It was most desirable that encouragement should be given for some members of the profession to devote themselves to learning and to scientific researches; whilst others were engaged in those active duties which would allow a comparatively imperfect pursuit of other objects, than those of a practical nature.

Mr. WICKHAM was also an advocate for two grades.

Mr. CARTER thought that this discussion was irregular, the question related to the qualifications of *licentiates* in medicine. The subject of grades would come under discussion at another stage of the proceedings—equal qualification of practitioners ought to be accompanied with equal privileges, and the abolition of exclusive rights of practising in particular localities. The Scotch licentiate should be at liberty to practise in England, and *vice versâ*.

Dr. COWAN denied that equal privileges should be enjoyed by all practitioners, if more than one grade were to exist in the profession.

Dr. FORBES explained, that the higher grade would be an honorary distinction, but that it would not confer additional privileges, at least not legal ones.

Mr. CARTER remarked, that the privileges of the higher grade would be, perhaps as they are now, conventional. The physician had not, at the present time, equal *legal* privileges with the general practitioner.—Mr. C. read an extract from a letter addressed to him by W. Wood, Esq., of Edinburgh, explaining that the College of Surgeons of that city were in favour of honorary degrees in medicine, but that they were of opinion that such distinctions should bestow no *exclusive* right or privilege.

Dr. Forbes's motion was then put, and agreed to unanimously.

3. Incorporation of the profession.

Dr. MARSHALL HALL moved, "*That, in the opinion of this meeting, the legally-qualified members of the medical profession in Great Britain and Ireland should be incorporated into three faculties or corporations; one in England, a second in Scotland, and a third in Ireland.*"

Dr. HALL said, all I now propose is, that the profession should be incorporated; when we come to consider who are the persons to be so incorporated, we can discuss those points on which there may appear to be a discrepancy of opinion. In making the present proposition, allow me to say, that I do not at all preclude the idea of grades in the profession, though it would appear that some persons think we have that object in view: my opinion is simply, that every man in the profession should receive a good education, and pass through a stringent examination, and, having undergone it, be licensed to practise physic in all its departments. If such a man should choose to go further, inspired by the love of fame, I would not prevent it; let him take a degree if he please, and practise any particular department he may prefer. This plan does not at all interfere with the rights of existing institutions. Suppose a person become a member of this one faculty, what is there to prevent him looking round and seeing what honours can be obtained? If he like to be a physician, let him become a fellow of the Royal College of Physicians. If that college be conducted

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as it ought to be, on principles of morality and justice, it will be an honourable and agreeable thing to belong to it. I believe that every man in the profession, choosing to act and practise as a physician, would be desirous of such an association, and of becoming a fellow of the college. My reasons are the following:—We have in this city a most respectable medical society, called the Royal Medico-Chirurgical Society, the most thriving body in the whole profession. There is nothing to induce men to become members, except that it is respectable, honourable, and agreeable; and yet they deposit, in the first instance, six guineas, and then pay three guineas annually. Why should not the College of Physicians thrive in a similar manner? Again, it is not at all necessary, in order that a person may practise in this country, to be a fellow or a licentiate of the College of Physicians; and yet, on looking over the list, it will be found that a majority of the fellows are resident in the country. Why have they paid their money to become fellows? Because it is thought to be honourable. What should induce men to become extra-licentiates, I know not; but I suppose there are some who think it honourable. The College of Surgeons thrives, and yet no person is compelled to go before it: This is extraordinary. I remember the time when, out of the three surgeons to the Infirmary at Nottingham, only one was a member of the college. Why was he a member? Not because it was incumbent upon him, but because he thought it honourable. All the surgeons, however, now are members of the college. What is the principle by which they have been actuated? They think it honourable and respectable. I conclude, therefore, from these facts, that if we incorporate the whole profession in one faculty, the present bodies will nevertheless thrive—not as they do now—but by raising their members to respectability, honour, and distinction. Take again the Royal Society: a gentleman to enjoy the honour of having F.R.S. attached to his name, will cheerfully pay his fifty guineas. The love of honour will lead men to the College of Physicians and the College of Surgeons; but what will become of the Society of Apothecaries, I am at a loss to conjecture; at the same time, I believe that that society has done more for the profession than the two colleges taken together. I, therefore, feel a little pity for that institution; but since it is a society for selling drugs, I do not think that it is entitled to much consideration. I do not imagine that the incorporation of the profession will operate injuriously on existing institutions; on the contrary, I think they will be greatly benefited by the change, and that the present odious distinction—immorrl, unjust, and unchristian—between fellows and licentiates will cease. The sooner that source of heartburning for the last half century ceases, the better. Those who become members of the College of Surgeons will be entitled to equal privileges, eligible for the council, and for all other offices.

This motion was seconded by Dr. WEBSTER.

Dr. COWAN was persuaded that members of the new faculty would not go to the old colleges for admission; the latter would be converted into inferior bodies by the faculty; the present corporations would not submit to a casual or voluntary admission of members. And he thought that the changes involved in the proposal of Dr. Hall would be entirely frustrated by the powerful opposition of those bodies.

Dr. FORBES observed, that the Apothecaries' Company was the only legal qualifying body in England, and yet the colleges were repaired to.

Dr. COWAN thought that the colleges were preferred in public opinion, and therefore their diplomas and degrees were sought by the candidates for medical or surgical practice. If the colleges were corrupt, why should they be continued on any terms?

Dr. FORBES replied, that the existing medical institutions would be reformed, and might be made so many component parts of a new system of medical polity.

Dr. MARSHALL HALL did not think the licensing board would be a higher body than the universities and colleges; it would be a larger body. The inability of the colleges to promote uniformity in the qualification of persons entering into practice, indicated forcibly the need of a new and general board.

MR. CARTER could not think that the mere admission of a licentiate of medicine into the College of Physicians by ballot, on the payment of a certain fee, should constitute him a graduate or doctor in medicine. Such a title should convey some meaning, it should not be an empty sound, and should not be procurable without some decided test of superior attainments in medical science. He was an advocate for two grades in the profession; but he thought it was only fair towards the public, and just to the profession, that titles and degrees should be based on some clearly-defined and proper principle: that such was not the case at present, he need hardly stay to remark. Young men, at the age of twenty-one, were annually sent out into the world as doctors of medicine, because they had studied during four winter sessions in the university of Edinburgh. It often happened, at present, that the general practitioner was a man of vastly superior attainments to the graduate or doctor in medicine. Such anomalies should be put an end to; the title should be the mark of that which its name implies—of superiority of attainments. He doubted not there were different ways in which grades might be conferred; upon principles not only of justice, but of positive advantage both to the public and the medical practitioner. He thought that the title of doctor should not be attainable by any man until he had reached the age of twenty-eight or thirty. An examination should be instituted for those who wished to enter the higher grade; and this should only be instituted, on condition that the candidate had previously possessed himself of the license of the national faculty, and that the grade should not be confined to men who possessed the largest share of pecuniary means. He would make it open to all who should pass the said examination, whether, during the interval which had elapsed from his taking the license, and applying to be examined for the degree, he should have been occupied in prolonged academical studies and hospital attendance, or in the actual duties of his profession. In some such way as this, he imagined that grades might be conferred with benefit to all: they might hold out an inducement for men of fortune to select medicine as a profession; and it often happened that such persons being less solicitous about practice than their less wealthy brethren, were found to devote themselves to scientific labours and researches which were calculated to improve their art, and it was therefore desirable that there should be such men in the profession. On the other hand, the grade being open to every licentiate without his being obliged to return to his academical pursuits after obtaining his license, would act powerfully as an incentive to continued exertion, and as a reward of industry. It would not, he thought, be well to strip the profession of distinctive titles—it would not tend to secure it the respect of the public in a country where titles and distinction were looked upon with consideration. It had been urged that the poor curate began life with the same education as the wealthy vicar; but were there no grades in divinity?—were there not M.A., B.A., and D.D., in the same university or faculty? Were there not also distinctions in the bar? Were there not sergeants and Queen's counsel? And did not the church and the bar hold out rewards and inducement to industry, which the medical profession never could do? Would not the poor curate become the vicar, the prebendary, the bishop, the archbishop? Could not the lawyer become a judge or a chancellor—the keeper of the Queen's conscience! He was of opinion that there should be two grades; and as a medical senate would be required for regulating the qualification of licentiates, he thought that to the same body should be confided the prescribing of the terms in which grades should be attainable. Such regulations ought not to be left to a number of different institutions which had a pecuniary interest in the matter. These observations were somewhat misplaced. He had made them, however, because many persons supposed that by incorporating the profession into one faculty, there must of necessity be amongst its members but one grade; the term faculty was confounded with the word grade. It was quite consistent for men of different titles to be incorporated together; they were so in all of our universities; and it was most desirable that this mistake should be corrected.

Mr. CERLY said, the last speaker had expressed his own sentiments on the subject of grades and of incorporation.

Dr. MACARTNEY had no objection to ascending grades. He objected to the term lower grade, when it was used to imply that there should be one class of practitioners for large and wealthy towns, and an inferior class for rural or thinly-poepled districts.

Mr. WICKHAM was in favour of a protecting faculty and uniformity of qualification for a license. But should not the higher grade be conferred by the same board which gave the license? Might not a joint board be composed of existing corporate officers?

Dr. FORBES thought that a representation of the existing institutions might be infused into the councils of the new corporations or faculties.

Dr. COWAN suggested, that the Conference might agree that the profession should be incorporated without expressing an opinion as to the mode in which this should be accomplished.

Dr. WEBSTER dwelt strongly on the importance of a faculty, both as relating to Government and the protection and qualification of medical men; he should reserve what he had to say respecting grades till another opportunity.

Dr. M. HALL's motion was then agreed to, and the meeting was adjourned until Saturday, 6th inst., at two o'clock, P.M.

It was resolved,—That five members should constitute a quorum, and proceed to business, provided that three of the members should be of different Associations from the remaining two.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, Friday, April 16th, 1841:—

Henry Burford Norman.
William Toogood.
George Francis Keys.
Richard Davison Pritchard.
Richard Oxford.
Charles Mott.
James William Young.
Alexander Thorn.
Henry Mortimer Rowden.

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MEDICAL REFORM.

To the Editor of the 'Medical Times.'

SIR,—As the medical profession is all expectancy from one end of the kingdom to the other, on the all engrossing subject of Medical Reform, and knowing the uncompromising principle of your journal upon that all important subject, it may not be out of place to take a glance at our medical corporations, as they are at present constituted in connexion with Quackery. I deplore the morbid sensibility and irritability which exist among medical as well as non-medical men, who are either directly or indirectly connected with our medical corporations, who have long retained to themselves the secret of converting human remains and pieces of parchment into gold, which borders closely upon the discovery of the philosopher's stone, and by which they are reaping an abundant harvest, and thereby encouraging a system of monopoly which is a disgrace to the age in which we live. Few of them can bear to know that the soundness of their motives has been questioned—they regard any such attempt as a signal of deadly hatred, and view it in the same light as if their moral character were maliciously assailed. On what circumstances does this frame of mind depend? It can only be attributed to an overweening conceit and selfishness. I cannot believe in the existence of real dignity and good feeling where there is such a deplorable want of high-mindedness. It cannot be denied that practitioners in medicine stand too low in the scale of public estimation, and that "something is rotten in the state of Denmark." The profession of medicine should be regarded more as a science and the blessed means of doing good, than as a corrupt jobbing trade. Why should not the interest of a few be sacrificed for the good of the many? Should the Bill now before Parliament become a law, it would have the effect of doing away with corporation privileges, and conferring equal rights on the profession at large, and thereby rewarding merit, and putting down that abominable of all abominations, Quackery, which is a disgrace to British legislation. Thus would we succeed in destroying odious monopoly which has lasted for ages. I feel justified in applying the term odious monopoly to any system that retards the progress of that science upon which the health and happiness of every one depends. Of all the learned professions the Medical is the only one that is unprotected. I would ask, could a person, from the curate to the bishop, hold a situation in the church without due qualification? or in law, from the attorney to the Lord Chancellor, are they allowed to practice without being duly qualified? And why should not the medical profession enjoy the same protection as that of Law and Divinity? Is it because we are an inferior race of beings—or is it Parliament, in its wisdom, that sees fit to allow the uneducated to practise as well as the regularly qualified practitioner, so as to prevent the population from getting too numerous? I maintain, without fear of contradiction, (that the lives of thousands are annually sacrificed by Quack Doctors and Quack Medicines. Should the present Bill be thrown overboard, which I am afraid it will, the members of Her Majesty's government certainly cannot remain much longer callous to the voice of the majority of the medical profession of the United Kingdom of Great Britain and Ireland, without bringing forward a measure for the speedy enactment of more equable laws respecting medical education, and a more rational mode of granting degrees, and putting a stop to illegal practice. England has been called by Dr. Newnich, of Hamburgh, the paradise of quacks, and not without sufficient reason. I believe there are a greater number of quacks in England than in any other part of the world of the same extent.—Let the medical profession be unanimous in their endeavours in trying to obtain that which by right belong to them—then will we be raised to that position in society which an honourable profession deserves. I trust the time is not far distant when a material change will take place respecting the laws that regulate the profession of medicine.—Should you consider the above worthy of a place in your valuable journal, you will much oblige,

J. MUNDELL.

Allonby, April 17, 1841.

CHARING CROSS HOSPITAL.—PUBLIC CENSURE OF A HOSPITAL SURGEON.

AN Inquest was held, on Monday evening last, at the Mitre Tavern, St. Martin's Lane, before Mr. Higgs, on the body of Richard Hawkins, aged 59, a cab-driver.

Upon the evidence of a police constable, it appeared that the deceased's horse became unmanageable, and came in contact with an omnibus; from the force of the concussion of the two vehicles the deceased was thrown into the road, and was immediately taken to the Charing Cross Hospital.

Mr. Octavius Heritage, house-surgeon of the Hospital, said that the deceased had received a concussion of the brain, and was treated accordingly; *delirium tremens* ensued, and he died on Saturday last. He appeared to be quite sober when admitted.

The Coroner was about to record the verdict, when

A Juror inquired by whose orders the body of the deceased had been subjected to a *post-mortem* examination? In this instance he thought such a proceeding quite unnecessary, and very hurtful to the feelings of the widow. It was useless for a jury to view a body for the purpose of ascertaining the injuries, when it had been so mutilated by the surgeon, that the wounds inflicted by them, and those resulting from the accident, could scarcely be distinguished.

The Coroner said, that, except upon occasions where such examinations were perceived to be absolutely necessary, it was usual to procure an order from him. If that regulation had been departed from, the parties had acted with great impropriety.

Ann Hawkins, the widow of deceased, said, that immediately after her husband's decease she begged of the surgeons of the hospital that his body might not be opened, or any observations made more than was necessary to ascertain the cause of death. She was assured by the surgeons that her request should be complied with, and relying upon them she made no farther application.

A Juror said, that not only had the surgeon acted contrary to existing regulations, but he had occasioned great distress to the deceased's relations. He suggested in an appendage to the verdict, a vote of censure upon him, and the parties through whose instrumentality the examination had taken place, in order to prevent its recurrence.

The Coroner and Jury being unanimous, the following verdict was returned—"That the deceased died from the consequences of a fall from a cab; and the Jury hereby pass a vote of censure upon the conduct of the medical man, in opening the body of the deceased without a legal order, and contrary to the express wish of the widow."

SPECIMEN OF A CHEMIST'S ASSISTANT.

To the Editor of the 'Medical Times.'

SIR,—Knowing you will gladly be made acquainted with any peculiar feature presented in any branch of the profession you so ably represent, I take the liberty to enclose you an application for a situation as assistant to a chemist, &c., which to me appears a curiosity. Your obedient servant,

A SUBSCRIBER.

Manchester, April 10, 1841.

"Dear Sir,—In examining the 'Manchester Guardian' this morning, that you are in want of an assistant to chemist and druggist; I now offer myself for your service, as I can draw teeth, bleed, attend midwifery, set limbs, and understand the *grocery* and *tea* business, as I have served my time to a surgeon and druggist. My age is 26—I will come for the first for £24. I am now with * * * chemist, druggist, and farrier, * * * * * * * A respectable character will be given.—I remain, yours truly, &c. * * * *

"P.S.—An early answer will be required."

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE.—FEB. 22.

PATHOLOGY OF CATARACT—BY M. MALGAIGNE.

M. MALGAIGNE observed, in his communication to the Academy, that he had taken advantage of his situation as surgeon to l'Hospice de Bicêtre, (which contains, besides 800 or 900 lunatics, upwards of 2,000 infirm inmates, of ages varying from 50 to 90,) to investigate the numerous diseases which must necessarily occur in such an institution, under circumstances more favourable for scientific research than in ordinary hospitals. The object of his present communication was to call attention to the pathological anatomy of cataract.

According to the most recent treatises on the subject, two kinds of cataract exist:

1. Lenticular cataract, usually commencing in the centre of the crystalline lens.

2. Capsular cataract.

M. Malgaigne had adopted this division when he commenced his researches; but at length was obliged to recognise its incorrectness. He has now dissected twenty-five eyes affected with the disease—some taken from subjects with single, others from those labouring under double cataract; and as both eyes are rarely simultaneously affected, the examination of the eye secondarily affected, enabled him to trace the origin and development of cataract in all its stages.

M. Malgaigne first states—*that he has never seen cataract commence by a central opacity of the crystalline lens.*

And, secondly—*he has never found the capsule opaque.*

In all cases, the opacity commenced in the layers adjacent to the capsule; in most cases the opacity was complete on the anterior and posterior surface of the lens, its central portion remaining perfectly transparent. In some rare cases the central portion of the lens was of a brownish colour, dry, friable, and opaque.

M. Malgaigne is inclined to conclude, from his dissections, that cataract consists in an opaque secretion from the crystalline capsule, the lense retaining its transparency; and that in some cases the central portion of the lens is necrosed, as it were, losing its viability when surrounded by this morbid secretion. As to those supposed capsular cataracts, which, when an attempt is made in the living subject to depress them, simulate the appearance of an opaque membrane, M. Malgaigne considers that

the apparently membranous fragments are merely detached portions of the softened crystalline lens. M. Malgaigne proposes to examine the subject more fully hereafter.—*Gaz. des Hopitaux.*

ACADEMY OF SCIENCES.—MARCH 15.

M. GUERIN communicated the following conclusions as the result of his researches on myopia:—

1. There are two species of myopia, as there are of strabismus. The mechanical or muscular, the optical or occular. Mechanical myopia, like strabismus of the same name, results from a primitive shortness, or an active retraction of the muscles.—2. In mechanical myopia, the shortened muscles are the *recti*, of which all four, or three, or only two may be simultaneously affected, but so that each of the muscles is shortened in an equal degree.—3. Myopia and strabismus co-exist very frequently, in which case, one of the muscles is affected disproportionally to the others.—4. The characters of mechanical myopia, are derived like those of mechanical strabismus, from the shape of the eye-ball, and the motions of the organ. The anterior of the globe of the eye is conical, the cornea representing a segment of a sphere of much shorter radius than the segment of the eye-ball, which it replaces. The lateral aspects of the eye-ball are depressed, flattened in the direction of the shortened muscles; the motions of both eyes are more or less limited, whether superiorly, inferiorly, or laterally, according to the number of muscles implicated, and the extent to which they are affected.—5. The treatment of mechanical myopia, consists in the sub-conjunctival division of the affected muscles; an operation which M. Guerin states he has successfully performed, both in simple myopia, and that complicated with strabismus.—6. The knowledge of the immediate cause of mechanical myopia, tends to demonstrate that the eye adapts itself to the vision of objects at various distances, in virtue of the increase or diminution of its antero-posterior axis through the contraction or relaxation of the recti muscles. Direct experiments also prove this proposition.—7. The crystalline consequently undergoes no change of shape to effect the adaptation of the eye to vision at different distances; its distance from the retina and cornea is simply alternately augmented or diminished, as the case may be.

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THE MEDICAL TIMES.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

QUACKERY, CONTINUED.—NO. IX.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

ENGLISH LAWS AGAINST QUACKERY AND EMPIRICIDE.

THE only proper groundwork of a sound discussion of English Quackery is a recitation of the existing laws on that head. By tracing their deficiencies in theory and working, and their various practical results for good or evil, we shall acquire a more correct notion how to legislate for the future. Quacks were punished by the ancient law of England, for, "in 1382, reign of Richard III., Quacks were carried through London on horseback with a NECKLACE of URINALS, [the proper heraldic crest and armorial bearing of the URINE DOCTORS, who were in vogue till within the last few years in the Boeotian parts of England.—ED.] and rung out with basins, for pretending to cure Crooked, Corbed, or Cramped Women." Habemus leges, utinam vitam habuissent." *(Stow's Sammaria, Edit.* 12*mo.)*

There was another period in English law, when Quackery was not committed with impunity. Fairfax was fined and imprisoned for causing great detriment to several persons by his Aqua Calestis; Anthony with his Aurum Potabile; Arthur for advertising "a medicine for *all* diseases;" Smart for pills sold at 6d. each; Phillips for his strong waters: and some countries allowed of no distinction between murder and homicide by Quackery. [UNUS QUORUM, *by the late Mr. Wadd, Member of the Council of Coll. Surg. London*, p. 69.]

It appears also that the College of Physicians of London once experienced a power of interference. Since our last paper of April 24th, No. VIII., we have ascertained from the evidence of the Warburtonian Committee, Vol. I, that the charter of the Royal College *was* confirmed by Act of Parliament; if so, nothing else barring, we do think that the dormant College Quack-clause might be recoverable like that of the Glasgow Corporation or Faculty of Physicians and Surgeons. That accomplished and virtuous physician, Dr. Percival, whose principal work we once edited, says, "The College of Physicians, however, within their own jurisdiction, which extends seven miles round London, are vested by charter with the power of fine and imprisonment *pro mala praxi*. Yet Dr. Groenvelt, who was cited, in the year 1693, before the censors of the college and committed to Newgate, by a warrant from the president, for prescribing CANTHARIDES in substance, was acquitted on the plea that bad practice must be accompanied with a bad intention to render it criminal. This prosecution, while it ruined the doctor's reputation, and injured his fortune, so that he is said to have died in want, excited general attention to the remedy, and afterwards established the use of it, though it must be acknowledged that his doses were too bold and hazardous." [*Medical Ethics*, p. 75, Ed. 1803.] This exposure of an ingenious experimentalist and improver to the ignorance, prejudice, and resentment of the public was to be lamented. Nothing is so uncertain as every preparation of cantharides except the powder; and it is an excellent remedy in full doses in ischuria renalis, bronchitis, phthisis, &c. Oh, martyred man!

The following statutes, now to be cited by us, form the sole imperfect laws for creating a regular profession in England, and abating the nuisance of quackery. A proper comprehension will be instructive to the regular profession and public, very few of whom know the present state of the law. It will show the abandonment of their proper functions by colleges and corporations;—the indirect fostering and encouragement which has been given to quackery by negative legislation, and the impunity with which men "wholly ignorant and utterly incompetent," and common uneducated druggists, have been suffered to usurp and practise medicine and surgery, fearless of prosecutions to the supersedure and ruin of the regular profession, general practitioners, and apothecaries.

It is deemed odious by the ignorant and prejudiced in provincial localities, for one man, a reformer, to offend a favourite and popular quack-druggist, pampered with their support and confidence; but we consider it safe from clamour, as well as discreet and just for the regular and qualified profession, everywhere to unite in sixes and sevens, thus affording each other mutual protection against knaves and fools, for the purpose of suppressing the practice of these shopocrates or other quackish interlopers by the strong arm of an effectual prohibitory law. One local reformer should never subject himself alone to the resentment of the many evil-doers, but the backs of six clubbed together will bear any burden of plebeian scandal and clamour in favour of quacks and prescribing druggists. Let a corps of medical men, in every town, then, unite themselves to require the enforcement of any future provision for the punishment of irregular and illegal practisers and quacks, and publish their proceedings in the county newspapers. We have seen the utility of diffusing widely the prosecutions of the Hall.

In the second volume of the 'Medical Times,' (July 1840, Nos. 43, 44, pp. 198, 210,) we gave a retrospective and amusing history of the profession, from the days of its reformation and the restoration of learning, after long ages of grossness and darkness, to the present time. Therein we recited an abstract from the first Medical Reform Act, called the "WITCHERY and SORCERY Act" of 3rd Henry viii. Wherever we find statements set forth in the preambles of old statutes, we may depend upon their unquestionable truth and accuracy of description and representation, and therefore many profound minds in legislation and polity have regarded the statutes at large as the most faithful history of this country.

The Act of 3rd H. viii. sets forth in the preamble the wretchedly quacked state of the then profession in England. This act was passed to enable the Bishop of London and all other bishops in their several dioceses to qualify physicians and surgeons, *for the first time* to practise surgery and medicine. It was intended to prevent a great multitude of "IGNORANT persons," consisting chiefly of "COMMON ARTIFICERS, as SMITHS, WEAVERS, and WOMEN, who, though they had no manner in the science, nor in any other kind of learning," and could "con no letters in the book, accustomably took upon them great cures and things of great difficulty, in the which they partly use sorcery and witchcraft, and partly such medicines unto the disease, as are very *noxious* and nothing meet thereto, to the high displeasure of God, great infamy of the faculty, and the grevious hurt and damage of many of the king's liege people, and especially of them that *cannot discern the uncunning from the cunning*."

As it was at last found that "the science and cunning of physic and surgery," to the perfect knowledge of which was requisite both GREAT LEARNING and EXPERIENCE, required a first step in reform, it was enacted, *that* "no person might practise within London or seven miles of its precincts, or exercise or occupy as physician or surgeon, unless first examined, approved, and admitted by the Bishop of London, or by the Dean of St. Paul's for the time being, calling to them four doctors of physic, and for surgery, other expert persons in that faculty;" it was also enacted, *that* "all other persons, in any diocese within the realm, were to be first examined and approved by the bishop of the same diocese, or (he being out of the diocese) by his vicar-general and such expert persons in the said faculties as their discretion shall think convenient;" and "all persons for every month that they occupy as physicians and surgeons afterwards, without being admitted or examined, should forfeit £5, half to the king, and half to him that shall sue." (3rd H. viii., c. 11.)

This act of 3rd H. viii. is referred to as the basis on which surgeon and surgeon-barbers were united and incorporated into one body, viz., the 32nd H. viii., 1540; this act of the 3rd H.

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viii. also preceded the 14th and 15th of H. viii., 1522, 11 years afterwards, by which acts the College of Physicians of London was incorporated, with penalties against physicians practising without their license; but as to surgery, the law remained as before in the witchcraft and sorcery act, "that they should be licensed by the bishop of the diocese or his vicar-general."

In the barber-surgeons' act, 32nd H. viii., 1540, it was declared, that it was needful and expedient to provide men "expert in the science of physic and surgery for the health of man's body," "men of great experience as well in speculation as in practice of the science and faculty of surgery," in London, to the "great relief, comfort, and succour of MUCH PEOPLE, and to the sure safeguard of their bodily health, their limbs and lives." It was therefore enacted, that the two companies of barbers and barber-surgeons should be united, that by "their learning, diligent, and ripe information, more perfect, speedy, and effectual remedy should be than it hath been." They were, among other privileges, to have the power of search, oversight, punishment, and correction of all such French or foreigners, who committed offences "against the good order of barbery and surgery." But the PURE barbers were forbidden to occupy any surgery, letting of blood, or any other thing belonging to surgery, drawing of teeth only except, because they kept lodgers with lues venerea, and *inoculated their customers by cutting in shaving with infected razors* and "other feats;" and those who "fortimed to use the mystery and craft of surgery, should in no case occupy, nor exercise the feat or craft of barbery or shaving," and that surgeons should have "an open sign on the street side, that all the king's liege people there passing, may know at all times whither to resort for remedies in time of necessity." It was also made lawful to keep surgeon-barbers as men-servants.

(To be continued.)

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, Friay, April 23rd, 1841:—

William Stevens Butler.
Edward Harley.
Frederic Henry Secutan.
Henry Ellis.
Thomas Austin Robinson.
William Augustus Hillman.
George Bird.
John Royston.
Maxwell Jennyns.
George Thomas Gauntlett.
William Batley.

Admitted, Monday, April 26th, 1841.

Lewis Rudge.
Joseph Savory Tylor.
Egerton James Pratt.
Thomas Spencer Wells.
William Pritchit Hodgson.
Robert Sawle Downall.
Samuel Parker.
Richard Prior.
Isaac John Gillam.
James Lewis Winchester.
Thomas Edward Vernon.
John Lodge.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

LITHOTOMY IN THE FEMALE.—EXTRACTION OF EXTRANEOUS SUBSTANCES FROM THE FEMALE URETHRA, AND FROM THE RECTUM.—STAPHYLORAPHE.—CONGENITAL MALFORMATION OF THE FEMALE ORGANS OF GENERATIONS, AND OF THE ANUS.—CLUB FOOT.—PRETERNATURAL CONNEXION BETWEEN THE FINGER — SUPERNUMERARY FINGERS.—COUNTER-IRRITATION.--ACUPUNCTURATION.

Lithotomy in the Female.—The operation of lithotomy is very rarely necessary in the female. In the first place calculi are uncommon in the female bladder. If calculous concretions descend from the kidneys into the bladder in the female, they pass out through the urethra, the short course of which, and its large size, are particularly favourable to their escape, so that it very seldom happens that any nucleus remains in the bladder of a female, so as to constitute the source of a future calculous concretion. Again, the female urethra is susceptible of dilatation to a very great extent—to a much greater extent than you might have expected *a priori*. You can enlarge the female urethra, so as to pass in your fore-finger, the thumb, or even a couple of fingers, and, consequently, so as to admit of the introduction of a pair of forceps into the bladder, with which a stone of considerable magnitude—a stone, we will say at least as large as the second joint of the thumb, can be grasped with the forceps, and extracted without any incision. Mr. Weiss, the ingenious instrument-maker in the Strand, has devised an instrument with two branches that can be introduced into the urethra, be expanded by the mechanism of the instrument, and thus, within a short time, a sufficient dilatation can be effected for the introduction of a pair of forceps, and the extraction of a stone of a large size. In the female the operation is very rare, therefore; and if, in any case, it becomes necessary, it is very simple. A straight sound, and an incision made by any common knife carried along its groove in the direction of the lateral and inferior part of the urethra, will divide the canal sufficiently for the purpose of the operation.

Extraction of Extraneous Substances from the Female Urethra.—The same practice of dilating the urethra may be had recourse to in those instances in which extraneous substances have been introduced into the bladder through the urethra, and in such cases you may adopt just the same method for extracting those that you would for extracting a stone from the bladder.—I have already had occasion to speak to you respecting the introduction and removal of extraneous substances in various parts of the body. I have spoken to you of this as regards the eye, the air passages of the lungs, the œsophagus, and now with respect to the female urethra.

Extraction of Extraneous Substances from the Urethra.—I may make to you the same observations respecting the rectum, as with regard to the female urethra; that is, in the case of extraneous substances either introduced from without, or which have descended from the intestines, that you can dilate the anus to a size that will admit of the introduction of several fingers, so as to extract with great facility any body that may be lodged in the rectum. When you introduce a finger into the anus, you seem to pass through a tube of small size barely admitting of its introduction; but you find that, after it has been a short time there, the resistance made by muscular contraction diminishes, and that it is very loose, so that you can introduce a second finger, very soon afterwards a third, and perhaps a fourth, and thus dilate the rectum in a manner that would admit of the introduction of forceps of considerable size, or any instrument you might be desirous of using for the purpose of extracting the extraneous substance.

Staphyloraphe.—I have had occasion to speak to you respecting the malformation of the lip which constitutes hare-lip. A similar malformation is sometimes seen of the palate; you may either have a fissure extending through the bony and the soft palate, or the former being entire, you may have a fissure of the latter alone. Where the fissure extends both through the bony and the soft palate, we cannot adopt any means of removing the deformity. You cannot bring together the sides of the bony fissure, and if you cannot do that, it would answer no purpose to unite the fissure of the soft palate. When the fissure, however, is of the soft palate alone, it is possible to perform an operation which, in respect to its principle and some of its details, is similar to that which is performed on the hair-lip. You may cut off the edge of the fissure so as to bring the margins into the state of a recent wound; you can draw them together by means of sutures, and thus you can unite the fissure of the soft palate. This operation has been performed several times in France, by M. Roux, the surgeon of the hospital called *La Charité*, a very dexterous operator, and he has described it in a small pamphlet called *Staphyloraphe*, that being a compound Greek term denoting suture of the palate. He seems to have met with a great many of these cases, and to have met with many on which he performed the operation for removing the defect. I have seen cases of this description, but they have been under circumstances which neither I have thought fit to advise, nor has the patient been willing to submit to an operation. The consequence of the defect is chiefly observable in the *voice* of the individual; it produces an imperfection of the voice—an imperfection sometimes very considerable. The same kind of imperfection is produced in an individual who is unfortunate enough to lose a considerable part of the palate by ulceration. This imperfection, however, is not very great in all instances, so that there are cases in which persons are not willing to undergo a painful and troublesome operation formed for the purpose of getting rid of so slight a deformity. I have, therefore, not seen staphyloraphe performed, and have no observation to make arising from my own experience on the subject. One instance in which I met with a fissure of the palate was in a female who came to the hospital, asking for advice with respect to a disease of the eye. In the course of examining her I observed that her utterance was rather peculiar, in the answers she made to my questions; there was a peculiarity in the sound of her voice, and a singular movement of the ala nasi in speaking which attracted my attention; and as they were somewhat similar to what I had seen in cases of fissured palate, I asked her if she had anything the matter with the roof of her mouth. She said, No. I asked her if ever she had anything the matter with it. No she said. However, I looked into her throat, and their I found a fissure completely extending through the soft palate and dividing it into two parts, but the imperfection in this woman's utterance was not very great, and I therefore did not think it worth while for her to undergo so painful and disagreeable a proceeding on account of it; for according to the description of M. Roux, and as you may easily conceive, to get rid of the imperfection by cutting the edges and bringing them together by sutures, a good deal of manipulation must take place, which must be very unpleasant; he states that the patient ought to be kept with the mouth shut, and without swallowing either liquids or solids, or even speaking, for three or four days; so that it is not a very pleasant proceeding. I have seen two other instances where by adjusting a kind of apparatus an artificial palate has been made, and as much improvement in the articulation has been produced as could have been effected by the operation. I should therefore apprehend that the cases are very few in which this operation can be required; and they must be cases where the fissure is confined in the soft palate, and does not extend to the bones. In the majority of these cases, however, the deformity exists both in the bony and in the soft palate.

In female children there are sometimes *congenital imperfections* consisting of an unnatural union of the *external organs of generation*. The labia are sometimes united by their edges, so that the opening of the vulva appears to be obliterated. Perhaps there is an opening sufficient just to admit

a small probe either at the upper or lower end, and through this the urine flows out; sometimes the *nymphæ* adhere in this way. Now these parts are in general only superficially united, and as the skin is very tender there, you can usually separate them with your fingers, or at any rate, by the introduction of a probe or director.

There sometimes occurs a more serious malformation of the internal parts close at the entrance of the vagina, which has commonly been called an *imperforate hymen*, and where this membrane completely closes the passage, instead of having at its upper extremity a semilunar opening into the vagina. The existence of this malformation becomes apparent at a certain period of time—after menstruation has commenced: for as the monstrual fluid cannot flow out, it gradually accumulates in the vagina and uterus, and ultimately enlarges these parts in such a way as to give the female the appearance of being pregnant; and this is the more deceptive, inasmuch as the enlargement of the abdomen is accompanied with the absence of the usual monthly discharge. We cannot be surprised, therefore, that persons have occasionally mistaken the cause and nature of such enlargement, and supposed females to be in a state of pregnancy who could not possibly have got into that condition. In these cases, where the existence of the malformation has been ascertained, the remedy is easy; you have to perforate the closed hymen—make a straight opening into it with a double-edged sharp-pointed knife, and in order to give to it sufficient dimensions so as to save the female any inconvenience afterwards, you should make a crucial incision, and then there will be no danger of the edges of the wound reuniting afterwards.

Atresia Ani.—It sometimes happens that children are born without any anus; the formation of the alimentary canal is perfect, except that the large intestine is closed at its extremity. In some instances you find an external appearance just like an anus, and the only difference is, that it is closed; it seems as if the anus were formed—that all the essential parts existed, but that the intestine is closed at its extremity. In these cases, the bowel sometimes terminates by a blind end a little way beneath the skin; sometimes at a considerable depth from it; sometimes it may open into the vagina, or into the urinary bladder; there are varieties of kinds of malformation of this. Now in these various cases, the only one in which we can render essential service, is that in which the formation of the alimentary canal is complete, with the exception of its external opening; there we can make an openning by means of a double-edged sharp-pointed bistoury carried into the rectum, and by the daily introduction of the finger or a bougie, as the edges of the wound heal, we may prevent agglutination till the parts have cicatrized. There are persons who have had an anus thus formed, who have grown up, and have had the full command over the sphincter muscle, and done as well as those who have had a natural anus. In the instances in which we cannot see any anus, and where we are obliged sometimes from the sufferings of the child or the importunities of parents, to dissect cautiously into the extremity of the bowel, if we see a part of the blind end of the rectum distended with meconium, we may puncture it and the child must take its chance of the future event, whether it will prove a permanent anus or not. In the more serious malformations of this sort, if we do not find the anus, or any appearance of it, within two inches from the natural situation, it is not advisable to attempt to penetrate any further.

Counter-irritation.—Respecting the mode of accomplishing the various means of counter-irritation I have little to say, for really the making of issues, setons, &c., is so familiar that it is hardly necessary for me to enter professionally on the subject. I will only observe that an issue may be made either by pinching up a part of the skin—pushing a knife through, then inserting peas or glass beads in the wound; or by the application of some caustic substance, especially the potassa fusa—you may take a stick of pure potash, rub it on the surface of the skin, and thus destroy it in a sufficient extent to admit of the introduction of peas or glass beads, or any other substance you may adopt, for the purpose of keeping the wound open. Perhaps a less objectionable mode of using the caustic, is in the form of *paste*, when the potash is mixed with as much soap as will make it like a pretty firm paste; this is spread on a thin rag and placed on the part previously surrounded with sticking-plaster, to prevent the action of the caustic extending further than is requisite; cut a hole of the size of the intended issue in a piece of doubled plaster, lay this on the part, and then fill the open space with the plaster of the soap and caustic, let this remain for four or six hours, then remove it, cover the parts over with a poultice, and wait for the regular suppuration of the eschar which is thus produced. The issue thus made, may be kept open easily; the more ordinary way is by inserting peas, beans, or glass beads, into the wound, confining them by means of sticking-plaster, and renewing the dressing daily. This method is sometimes a painful one; a difficulty is experienced in keeping these substances in, and maintaining the ulcers of the requisite extent. You may, however, keep open the issues for a considerable time without these substances, and merely by rubbing the surface occasionally with the caustic potash. There are two modes in which *setons* may be made. In the ordinary way you use a broad, flat-pointed knife with an eye at the end of it called a *seton-needle*, and in that you can place a skein of silk, you then press the seton-needle armed with the silk, cut off the needle and confine the silk in its situation. Now, the discharge produced from the seton lodges in the silk and becomes offensive; and a seton kept up in this way is very apt to be attended with a disagreeable smell; so that on the whole a more cleanly way is to employ *seton tapes* made with elastic gum, which are more convenient and less offensive, as they are easily sponged clean every time you dress the issue. This tape is passed just in the same way as the silk, except that the end of the needle is formed somewhat different, with a slit instead of an eye to receive it. It is hardly necessary to say anything about the mode of applying the actual cautery, for it is so little used in this country, that surgeons hardly like to propose it, and I fancy that patients would hardly be inclined to submit to it. I do not suppose that the actual cautery is more powerful than some things we are in the habit of using, but people are guided a good deal by the general adoption of things of that kind, and they will object very positively to one remedy, while they will have very little objection to bear a much greater quantity of pain in another way. The actual cautery might, however, be employed with advantage in some cases. It is a powerful agent and is perhaps too much neglected in this country, in the same degree as it is too much employed elsewhere. The *moxa* is merely a species of the actual cautery. The mode of applying it is very simple; portions of cotton may be rolled up compactly in a cylindrical form of various sizes; one of these prepared cylinders is to be held to the part, having been previously lighted, and a current of air directed upon it from a blow-pipe, till the skin is entirely destroyed; till in fact it is burned black, as it were, into a perfect coal. The action of the fire is not precisely confined to the spot immediately covered by the moxa, for you will see that, to a considerable extent, redness is produced of the surrounding skin, which is wrinkled and drawn together by the contraction of the eschar. I consider certainly the application of moxa to be a more powerful remedy than the issue or seton.—This portion of skin which is destroyed, is gradually separated, and an ulcer is left, resembling that which is produced by the caustic; but the application of the fire produces a more powerful derivative or revulsive effect than that of the potash. Although the moxa is similar to the seton or issue, yet I consider it on the whole to be more powerful.

Acupuncturation.—I have nothing particular to say to you respecting acupuncturation, an operation that has been derived from the Chinese or Japanese, to whom I suppose we are not indebted for the invention of any other kind of operation; but in those countries, the *pricking* of parts of the body with *needles* is one of the most general and familiar operations. It has been tried lately in this and some other countries of Europe; and great benefit has sometimes been derived from it in obscure painful affections, in rheumatism, and in other similar cases where probably there has been no serious disease. The application of the remedy is very simple; it merely consists in introducing the point of the needle by a rotatory motion to a certain depth. It was some time ago considered a fashionable practice, but I believe it has now gone out of fashion; we do not hear much now of dis eases being treated by acupuncturation.

(CONCLUSION OF THE COURSE.)

OUTLINE OF A PLAN FOR REORGANIZING THE MEDICAL PROFESSION.*

Given in by Dr. Forbes at the Conference held at Exeter Hall in February, 1841.

ALL real and permanent improvement in the medical profession must be based on an improved system of education, preliminary and professional. It seems essential to the establishment of such a system, that there should exist a body exclusively devoted to the regulation and superintendence of education, independent of, and only partially connected with, the medical institutions. It is, therefore, necessary to include the consideration of the educational body in every scheme of medical reform.

I. THE EDUCATIONAL BODY.

1. A Body to be instituted in each of the three kingdoms (on the plan of an University, and to be so named if thought desirable*) to regulate scientific and professional education generally, (excluding theology,) and to grant degrees in law, medicine, and arts. (This body not to teach.)

2. To consist of two parts.
   - *a.* A senate or deliberative body.
   - *b.* A council or executive body.

3. The senate to be a numerous body—(say 60, 80, 100,) to be elected *(eventually* by its own graduates only? but) at present by the Crown from persons proposed by such authorities as might be agreed on; say, *e. g.* the existing [Universities?] scientific bodies, the medical and legal professions; thus—
   - *a.* A part by the Council of the National Faculty of Medicine (if instituted.)
   - *b.* A part by the scientific bodies; *e. g.* the R. S., &c.
   - *c.* A part by the Colleges of Physicians and Surgeons.
   - *d.* A part by the Government.

The members of the senate to be elected for a period of years; say 10, 15, 20; or for life, if thought more desirable.

4. Among the duties of the senate would be—
   - *a.* To elect (from their own body) an executive council to carry out the details; to consist of a smaller number, say 15 or 20.
   - *b.* To regulate the education of the candidates for its degrees.
   - *c.* To grant degrees.

5. The Council to consist of due proportions of members of the different faculties of medicine, law, general science, &c.; so that, in the performance of its duties, it might resolve itself into sections or committees, for the consideration of the different subjects of law, medicine, &c., but all subordinate and subject to the control of the whole council. Part of the council (say one-fourth) should retire into the body of the senate annually, and not be re-eligible the same year; the retiring members to be, as near as possible, in the same proportion from each section of the council.

6. Among the duties of the council would be—
   - *a.* To appoint *examiners* (who might or might not be members of the senate, but *not* members of the council). The medical members of the council would naturally nominate the medical examiners, subject to the decision of the council at large. The examiners to be elected for a limited time, say 1, 2, 3 years, and not to be re-eligible the same year.
   - *b.* To fix and superintend the examinations, &c. &c.
   - *c.* Generally to carry the decrees of the senate into effect.

7. The members of the senate not to be paid.
The members of the council to be paid.
The examiners to be paid.

* For England, the present University of London might be easily remodelled into the proposed institution.

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8. *This educational body or university to have the exclusive right of granting that* DEGREE *or* TESTIMONIAL, *after examination, which shall entitle its holder to claim, from the council of the National Faculty of Medicine, the licence to practise medicine.* [If thought desirable, the testimonial might be granted to graduates of certain other institutions after a modified examination, or even without any.]

II. THE MEDICAL BODY AS A PROFESSION.

1. A National Faculty of Medicine to be formed in each of the three kingdoms; to consist (at present) of all legally-qualified practitioners duly enrolled or registered as members, and (hereafter) of all licentiates of the council of the faculty duly registered.

2. All the members of this faculty to have equal legal privileges to practise all branches of the profession, and to vote—[after being licensed three or five years?]—in the election of councillors, &c.; and no other persons to be authorised to practise any of the branches of medicine.

3. The members of the Faculty of Medicine to elect (in conjunction with other bodies to be hereafter specified) a governing council for the regulation of their affairs as a professional body. Among the duties of this council would be—

a. To register and license the graduates of medicine, bearing testimonials from the educational body.

b. To regulate the annual registration of members of the faculty.

c. To be a court for the consideration of matters relating to the profession as a body, and to make by-laws (under certain restrictions) for regulating its affairs.

d. To publish a national pharmacopœia, in conjunction with the Colleges of Physicians and Surgeons and the College of Pharmacy.

4. The Council to consist of, say thirty members; part (say 21) to be elected by the Medical Faculty; part (say 9) by the Colleges of Physicians and Surgeons and by the Government conjointly or severally, say three by each College and three by Government; or the Colleges to elect the whole nine, the Government having a veto. A new council to be elected every three years.

III. THE MEDICAL BODY AS A DEPARTMENT OF SCIENCE.

It being understood that the present Colleges of Physicians and Surgeons intend to adopt the representative system of government, at least to a considerable extent, it is supposed that the following arrangements might correspond with their views, and conduce at once to the interests and honour of themselves and the whole medical profession.

1. The profession being legally organized and governed in the manner aforesaid, the colleges would naturally come to devote their principal attention to the cultivation and promotion of science in their respective departments. They might, however, have secured to them, if thought desirable, the power of granting titles of a higher order conferring certain privileges.

2. The future constitution of the colleges might be as follows (understood to be the proposition of the colleges themselves):—

a. *At present* all their own members or licentiates of ten years' standing—*hereafter*, all licentiates of the medical faculty of five years' standing—to have a claim to be admitted by ballot into the fellowship, without examination (the candidates for that of the College of Physicians having previously the degree of M.D.) on being proposed by a certain small number (say 6-10) of fellows, and on paying a certain fee. And licentiates of the faculty of medicine might further be admitted as *associates* of either college (i.e. members of the college without the power of voting, &c.) immediately on receiving the licence, on paying a certain (smaller) fee; with the option of remaining in this class even after the period when they became eligible to the fellowship. [N.B. No objection to these fees being somewhat high, the preferring a claim to the honorary titles and annexed privileges being purely voluntary.]

3. The privileges and powers conferred on the colleges might be something of the following kind:—

They might have the exclusive privilege of granting respectively a higher testimonial or title in medicine and surgery to any of their own fellows (and none else), on their undergoing an examination by examiners appointed by the colleges, and on paying a certain fee. From the bearers of this higher title might be chosen, and from them only—

a. Physicians and surgeons of hospitals, &c.

b. Teachers of medicine in medical schools.

c. Examiners? &c. &c.

[N.B.—It is believed that, as a large proportion of the members of the profession would be ambitious of the honour of being associates, and more especially FELLOWS of the colleges, and a considerable number would take the higher title, the funds thence accruing to the colleges would be very great—much greater than at present—and would form a noble treasury for promoting science and rewarding scientific merit.

4. The Society of Apothecaries might most appropriately resolve itself into a College of Pharmacy, for the superintendence of everything relating to drugs and pharmaceutical preparations. In this capacity it would naturally be intrusted with the examination and licensing of the whole body of chemists and druggists, and would be productive of incalculable benefit to the profession and the public.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXI.—HOW SWUBS AND OKES SPED ON THEIR JOURNEY.

As the clock struck six from a neighbouring church, the last arrival of luggage and passengers had been stowed away in their proper quarters, and the ropes being loosened, the City of Boulogne moved off from the floating pier to which she had been attached, throwing the water from her paddle-floats in slow and distinct turns. It was still dark, and the reflection from the lights on board ship, and at the edge of the wharfs, quivered in long lines upon the surface of the river, only broken by the occasional passing of a barge, or some other early craft taking advantage of the tide. Heavy market carts were rumbling over London Bridge, and a morning coach or two crossed it in the direction of the Borough, laden with passengers who, ensconsed up to their eyes in shawls, coats, and comforters, vainly endeavoured to entice back a portion of the slumber which had been broken by their early journey. But sleep is a sad flirt—the moment you wish for her company she deserts you; whilst, on the other hand, if you are really anxious to keep awake, she will be sure to force herself on you whether you will or no.

It was rather cold, and a damp drizzling mist was falling, so that there were not many upon deck, except those directly connected with the management of the vessel, and they had enough to do in keeping a sharp look out to prevent her coming in contact with the numbers of small craft that were thronging up the Pool. Lights had been suspended from the bowsprit and mast-head, which now were struggling ineffectually with the dull grey of a November morning; and a line of communication was set up between the watch at the head of the boat and the man at the wheel—the captain taking his place upon the paddle-boxes, or the small bridge which extended itself from one to the other, reiterating his commands of "Ease her!" "Stop her!" "Half a turn ahead!" and "Go on!" as obstacles rose or disappeared to the progress of the boat.

The packet moved on, amidst the crowd of steamers, lighters, colliers, and ships from every part of the world, that bordered the space allotted to the water thoroughfare. The docks, warehouses, churches, and manufactory chimnies, receded as she quickened her pace, on gaining a broader highway. Greenwich Hospital and Blackwall faded in the distance, and were soon supplanted by the flat uninteresting shores which border the river beyond these points; and the vessels had now room enough to see the steam-boat coming and get out of her way, without obliging her to lessen her speed.

"Halloo! Okes! Swubs!" cried Mr. Whipples, as he rolled off the carpet bags upon which he had been reposing, and with an expression of extreme astonishment saw the outlines of a house upon the river's bank pass rapidly across the cabin window. "Here's a go; we've been asleep, and the boat's off!"

"Off where?" said Swubs, aroused by Whipples' fall and exclamation, but yet not perfectly awake; "what's off? put it on again."

"The steamer, the steamer!" replied Whipples. "Come, wake up, there's a good fellow. What the devil am I to do?"

"Oh, don't make such a noise," muttered Okes, who had stretched himself upon a long box, and now turned round from right to left without opening his eyes. "I wish you'd put my coat over my feet, Swubs, it is so precious cold."

"She's moving, sure enough," said Swubs, as he rubbed his eyes, and looked confusedly around him; "what a fool you were to go to sleep."

"I could'nt help it," replied Whipples, smacking his lips as if he was very thirsty. "How can I get back again?"

"Ask the steward," said Swubs; "I always thought they rang a bell for the people to go on shore before they started."

"So I expect they did, but we could'nt hear it. Well, this is a start! And I promised to get out femoral hernia for Snipliver's lecture this afternoon."

The only answer to this announcement, was a permission from Mr. Swubs to Snipliver, to go to a place, which no one ought to visit, unless they think they can breathe sulphurous acid fumes with perfect comfort to themselves, or have very imperfect ideas of the radiation or absorption of caloric.

The steward was appealed to, as to the best manner of acting in the present case, and upon the assurance that the packet would stop off Gravesend, to take up some passengers, and that Whipples could return by the boat which brought them, our friend was somewhat comforted, and even laughed at the dilemma.

Before long, preparations for breakfast were being made, and Mr. Okes aroused himself from his hard couch, at the comfortable clinking of the cups and saucers, and began to wish for something to eat. They made friends with the stewardess (who looked upon them as approaching the aristocracy of the fore-cabin) for the accommodation of a basin of water, and with this and the assistance of a pocket comb, completed their toilets. Shaving was out of the question, although Okes offered to operate with a pocket bistoury upon their chins—a proposal which the other two declined; Swubs from a determination to allow his beard and mustachioes to grow now he was going to Paris, and Whipples because he had nothing to shave, being one of those smooth-faced whiskerless individuals, who never can raise anything beyond a little *fluff* upon their face, although

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they consume as much bear's grease and Macassar oil in its production, as would fill the stuffing-box of the coffee steam-engine in Rathbone Place for a twelvemonth.

They contrived to make a tolerable breakfast under the combined influence of inclination and principle; inclination because they were favourably disposed towards the shrimps and cold meat which graced the table, and principle, because they were informed a roughish passage was anticipated, and in the event of being poorly, it is as well to have something to throw up, instead of allowing the muscular coat of the stomach to contract upon nothing—a proceeding of that organ which is occasionally exceedingly painful.

As the steward had foretold, the boat stopped at Gravesend for passengers, and after many farewells and an occasional "Good bye, old brick!" with promises to tip a line now and then with hospital news, Mr. Whipples descended into the magnified walnut-shell that cockled and tossed about almost under the paddle-box, and was soon left behind in the creamy wake of the steamer. They watched him until he dwindled in the distance, and then affectionately taking a sight at him as a parting salute, returned to the cabin and cleared up such stray shrimps as they chanced to find left upon their plates, more, however, for amusement than gratification of their palates. When this operation was concluded, they ascended again upon deck, and beguiled the time with talking, smoking, and drinking bottled stout until noon, when they arrived off Margate, and took some more people on board.

Up to this point of the journey everything had been tolerably quiet, but on approaching the Foreland, the first sensations of qualmishness became visible. The passengers began to retire to the cabins, and compose themselves in dark corners of the same. Others, who could not bear the close atmosphere, wrapped themselves up, and stretched out their limbs upon the stools upon deck, whilst a third party seated themselves in a row along the lee side of the vessel, to be in readiness for any unforeseen occurrence that might take place. The waves increased in size, and the packet accordingly rose and fell with greater vehemence. The steward's boys were seen hurrying about with glasses of brandy-and-water, and solitary biscuits on cheese-plates; and occasionally a mop was lowered by a string into the boiling ocean, or a basin, caught by the wind, performed a journey of itself from one end of the deck to the other, to the great disappointment of the sufferer, who was commencing to calculate on its services.

Of course there were several upon whom the motion of the vessel had very little effect, and amongst these fortunate individuals were Swubs and Okes, who were seated upon the roof of the entrance to the cabin, with an apparently interminable bottle of Guinness' between them, watching the invalids, and making sundry pleasant remarks upon things in general.

"I wonder," said Swubs, as he stuck the stout bottle into the pocket of his pea-coat to keep it from rolling away; "I wonder why stewards of steam-boats are always fat, and have all got curly hair."

"They pick up flesh, I should think," returned Okes, "from living so perpetually amongst cold meat and hot-boiled mutton, by a species of *endesmos* or imbibition. I can't tell anything about their curly hair, unless it is that all their whiskers grow on the top of their head instead of down their cheeks."

"It is astonishing," remarked Swubs, falling into a professional vein, "what contractile power the human stomach possesses."

"Very," answered Okes; "especially after punch and Burton ale upon kidneys. See me make that fellow sick."

The observation was directed towards a spoony looking individual, who was sitting within earshot of them, and endeavouring to make himself believe that he was perfectly well, although his pale countenance, and expressions of anxious suspense at every lurch of the steamer, told quite a different story.

"Now I'll turn him inside out before two minutes," continued Okes; "he is on the point of shooting, and only wants a word to set him off."

"And how will you do it?" asked Swubs.

"Just so," returned Okes, raising his voice as he proceeded, and addressing the hapless individual: "It's a rough day, sir."

"Very," answered the stranger, afraid of opening his mouth, for fear of popping out something besides the words, and looking like a humanised turnip.

"Are you at all sick, sir?" continued the tormenting Okes.

"Oh, no—not in the least," was the reply.

"Nor am I," rejoined Okes, "but I'm very hungry, and I've seen capital fat bacon in the cabin that I think I shall have a cut at presently, only its neither hot nor cold at present. Will you join us?"

But before the stranger could answer, he had rammed his pocket-handkerchief into his mouth, and hastened to the side of the boat. Okes had succeeded in his humane plot, and the *cat*astrophe had arrived.

"I did not think you would have managed it," said Swubs, as he laughed at the contortions of their victim, who was holding on to a rope with one hand, and saving his hat from going to France by itself with the other.

"It's a sure card," replied Okes. "If fat bacon does not set them off, try mutton broth half cold, or underdone boiled pork. I could ensure the operation of an emetic to a whole cabin by blowing out a candle there, and leaving it to smell."

"Hold your tongue," said Swubs, "or you will turn *my* stomach directly."

There was an attempt to establish dinner about three o'clock, but the sea was too rough to allow such a proceeding; nor was the atmosphere of the cabin sufficiently attractive to tempt any one down. Our friends, therefore, had some sandwiches upon deck, and having consumed them, nestled under the tarpauling of some woolsacks, where they soon fell asleep, under the combined influence of the stout, the wind, and the wearying rambles of the previous night. Neither the noise upon deck, the dashing of the waves, the motion of the boat, nor the straining and creaking of her timbers as she laboured through the sea, disturbed them, and they dosed comfortably away until six o'clock, when they found they were within a short distance of the entrance to Boulogne Harbour.

In another quarter of an hour the steamer rode quietly in the still water, and Swubs and Okes, now wide awake, could hardly find eyes enough to stare about them, as the boat passed between the two barricades of piles that stretch out from the port into the sea. The French sentinels, in their pepper-and-salt great coats and red trousers, first attracted their attention; then the custom-house; and then the buildings of the town, with their white Venetian blinds and steeply pitched roofs, all the hotels having their windows gaily lighted up to entice the newly-arrived passengers.

At last the City of Boulogne stopped alongside the quay, and the gabble that confounded the civil engineers when they were employed in erecting the Tower of Babel was tranquillity compared to the confusion and hullabaloo that arose when the landing plank was pushed into the boat.

A chain was stretched along the pier to keep off the crowd, and force the travellers to enter the custom-house, and this was thronged, like the ropes of a race-course, by the noisy touters from the various hotels, leaning over and offering the cards of their establishments, with the assurance that each was superior to the others.

"*Hotel d'Angleterre, messieurs,*" cried one, "*grands et petits appartements à des prix très moderès.*"

"*Hotel du Nord, Hotel de l'Univers,*" said others.

"Barry's Marine Hotel," "Bristol Hotel," "Bedford Hotel," arose in true English accents.

"Go to blazes," roared Okes, as a perfect pack of cards was presented to him.

"Leave the gentlemens alone," said a good-tempered looking Frenchman, who spoke English tolerably well. "Faisandieu's Hotel d'Albion, sirs. Bedrooms a franc and a half, breakfast a franc, and dinner at the table d'hote two francs and a half, English porter and bottled ale."

"I think that's about our mark," observed Swubs.

"How far off do you live, old fireworks?" inquired Okes.

"Close by, sare," was the answer; "where the lights is ovare the door there."

The students agreed to patronise him, and then, to keep the other touters quiet, Swubs promised every one of them individually that he would make a point of coming to their hotel.

They pushed forward with the crowd through the gates of the custom-house. Here they were severally searched, as they passed the ordeal of the officers, and on emerging upon the open port, found Faisandieu waiting to conduct them to his house, as well as all the others to whose requests they had acquiesced; and it was only by dint of hard fighting and a few liberal and thorough British oaths, that they escaped being torn into divers pieces, and allowing their upper and lower extremities, heads and necks, to be carried in divisions to the various hotels with which Boulogne abound; there being on an average, by the latest statistics, one house and a half to every single traveller who arrives there.

The commissioner attached to the hotel, promised to clear the luggage through the Douane in time for them to get everything that night, and after joining in the circle who were taking tea when they arrived, they strolled out into the town, to inquire about places in the diligence for the next morning, and look a little about them.

"To think of our taking tea!" said Okes, with a laugh, as they turned towards the Rue de l'Ecu. "I never recollect having done such a thing for years—its precious nasty wash."

"And yet we must gradually get off our beer," returned Swubs; "I hear you can't get half-and-half at Paris."

"Then what on earth are we to do?" inquired Okes, looking very much aghast.

"Accommodate yourself to circumstances, as the fœtus said when the arch of the pelvis was too small, and he was forced to squeeze his head into a sugar loaf."

Beguiling the time with similar pleasant conversation, the two students passed onwards. There was plenty to attract their attention at every step, and remind them that they were in a foreign land, if it was only to hear the dirty little children who were luxuriating in the gutters, speaking French with such purity and fluency—the first impression that strikes everybody upon arriving on the Continent. And

yet as far as language went, there were as many passed them speaking English as there were foreigners; for a *few* of our countrymen are perpetual residents there, apart from the casual visitors that cheap fares and the *cacoethes perigrinandi* take over there. Some, and perhaps the majority, are scamps who are glad to get out of the way; others find that they can support their family upon two hundred a year in good style; others, really prefer continental living and society; and the remainder have gradually made or acquired French connexions, until Boulogne is as much their home as London.

Swubs and Okes walked on, and having looked into all the shops and sworn at the rough pavement, they turned up the Grande Rue, and came to the open place in front of the cathedral. Here a crowd was assembled round a man who appeared to possess excessive drollery, if the continued laughter of his auditors was to be taken as a criterion; so our friends thought they might just as well benefit by his witty sallies as the others, and accordingly drew near and joined the throng.

He was a fortune-teller, and was presaging the destinies of the crowd, with most amusing humour, only from the rapidity of his utterance and foreign language it was for the greater part perfectly unintelligible to Okes and his companion. However, they laughed with the rest, for they were in tolerable good-humour with everything and every body. Upon payment of two sous they were permitted to draw a card from a dirty cornerless pack which the necromancer presented to them, and, from this omen, their destiny was handed over to them printed upon a piece of paper, accompanied by a small tinsel roll, about the thickness of a drawing-pencil.

"What's this?" asked Okes, as he took the trifle from the man. The conjuror returned an answer in French, which he might just as well have uttered in double-Dutch.

"I don't know what he means," said Swubs; "I suppose its a bonbon—a French sugar-plum, you know."

"Let's see what it is good for," replied Okes, as he unrolled it, and tasted a piece. "It's remarkably nasty," he continued.

"Give me a bit!" rejoined Swubs, taking the remainder; "it don't look very tempting to be sure."

The people around began to laugh at this proceeding, whereupon Swubs, imagining that they were amused at seeing the Englishmen making wry faces at their delicacies, put the whole of the compound at once into his mouth, which increased their merriment to a perfect roar.

"What the devil is it?" bawled the student very loud, thinking that increased vociferation would render his language more intelligible to the conjuror.

The man understood from his gestures what he wished to know, and replied:—

"*Monsieur, c'est une grande pommade pour faire pousser les moustaches et les favoris.*"

"Well," exclaimed Okes, "here's a go. All I can make out is, that we have been eating a stick of hard bear's-grease, instead of a sugar-plum!"

And laughing as loudly as the remainder of the audience at their mistake, they returned to the hotel. Here the Commissioner informed them that he had taken places for them the next morning in the diligence, and they accordingly retired to bed, their heads filled with anticipative visions of the Hôtel Dieu, La Pitié, La Charité, and the Clamart.

ROCKET.

(To be contin ed.)

THE MEDICAL TIMES.

HOUSE OF COMMONS.

Wednesday, April 28.

Mr. Sergeant TALFOURD presented a petition from the North of England Medical Association, complaining of the manner in which the medical officers were appointed to the poor-law unions; also, a petition from the Chemists and Druggists of Reading, against the Medical Reform Bill.

MR. HAWES *has postponed the second reading of his Medical Reform Bill for a fortnight!!*

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. III.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

As to our ROUTINE PRACTISERS, of whatever grade the DARGONS of Molière and the SANGRADOS of Le Sage, as the Lancet lately termed them, instead of having improved the profession of medicine in England or France, they have retarded it by their ignorance, prejudice, and sloth. Vicesimus Knox, with great sagacity, observes on physic:—"It is a truth somewhat mortifying to the REGULAR VOTARIES of science, that many of the most important discoveries in medicine have been made by the ignorant and by chance. Those who have been *taught to adhere to systems*," and he might have added, and sects, "are sometimes *too much attached* to the *straight* and *known* path to permit themselves to venture even in proper deviations." (*Reflections on the Art of Physic in Moral and Literary Essays*, p. 225.) We shall return to this important topic, and quote him and some other impartial and unprejudiced observers on these *traits* of the COMMON SCIOLISTS and SYSTEMATISTS of the profession. Roger Bacon, the Marquis of Worcester, Fulton, and Watt, and Napoleon, are all familiar examples of the might and majesty of single minds after the learned corporate bodies and professions had laboured to no good purpose. As to English medical practice, we affirm, caring not who is offended or who is pleased, that the entire department of therapeutics is indebted more to accident and chance for useful discoveries, to the instinctive sagacity and vulgar experience of old women, and the common people, than to the regular or irregular profession of medicine. Who indeed is capable, can think of making known discoveries and improving the art of healing, with no other prospect than that of being denounced, proscribed, and calumniated, as INNOVATORS and QUACKS, and persecuted by every invidious, unjust, and opprobrious, artifice of competitorial envy and slander, that the collective lead, brass, and poison of a disappointed, soured, and jealous class of the profession can perpetrate? Let them who read us on corporate bodies, recall to mind Voltaire's remarks upon the Sorbonne, and Swift's on the Royal Society and Academy. The inferiority of French architecture was ascribed to the arbitrary rules and system of the Academy.

The general state of the profession itself in England and Ireland for the last three centuries, and its infinite abuses and evils, under the dynasty of medical and surgical corporations, present the strongest practical argument against the College of Physicians in London, and every other partial jurisdiction or supreme authority in the hands of a handful of private practisers, privileged classes, and self-interested parties, supported in their pride of place in opposition to public and professional opinion, without reference to the general good: "Sic volo, sic jubeo, stat pro ratione voluntas!"

The College of Physicians of London was designed originally to enforce a broad, liberal, and comprehensive system of regular education, preliminary and professional, which should afford security to the regular profession, and protection to the public against the WHOLLY IGNORANT and UTTERLY INCOMPETENT, and the IRREGULAR and UNLICENSED practiser; which should promulgate and compel the observance of laws tending to uphold the dignity and respectability of the profession throughout the empire, and control the corrupt practices of Universities. Has it done so? Has it not stood 300 years and rendered the profession as a whole neither better nor more respectable, except in London, than it would have been without any such corporation at all? It has proved, in short, a wretched failure!

In order to perpetuate the mercenary monopoly of its hundred or so of fellows, and of the theological Universities of Oxford and Cambridge, which are "seen in us" as schools of *medicine* (?) furnishing three or four medical graduates annually, this superannuated institution has stood in the way, as an insurmountable barrier to a broad, liberal, and general reform of the profession, and reduced the national eminence in the most important department of public utility to a low ebb, for our Institutions in medicine, for 35 years, have been inferior to those of France, Germany, and Italy.

What after all has the College done for the profession or the public? Its legislation has consisted in inventing ideal distinctions and divisions between fellows and licentiates, and extra-licentiates and midwifery-doctors, and Oxford and Cambridge classical and ecclesiastical doctors of physic. It has exacted money from licentiates and extra-licentiates under the pretence of imparting some infallible endowments of a superior and peculiar nature, like those of the inspired men and prophets of yore, while their examinations have been as cursory as those of Edinburgh in its lax days. Its high class has secured as great a monopoly of hospital appointments and private practice for themselves as they could, to the exclusion of the secondary and humiliated members. It has infallibly prevented reform in every shape, which militated against its own distinct interest. When the reform societies of 1813, with Dr. George Mann Burrowes at their head, saw that the profession was becoming crowded with a Molière's race of Medecins Malgre Lui; in other words, general practitioners, who had received little or no education at all, who mostly had

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passed no College or Hall, they sent to both Houses of Parliament remonstrances which then prevented an indispensable Reform, and so flung us, in 1815 and 1818, into the power of the Apothecaries' Company. Instead of this body stretching out its Rhubarb arms over the profession of surgery, which is much above them, the real province of their authority should have overlaid the retail druggists, who are one grade below them. [*See Evidence of G. M. Burrowes, M.D., 3rd Report of Select Committee on Medical Education.*] Thus has the College ever acted like the dog in the manger. In the mean time, it has taken no part in the instruction of the profession, and contributed little or nothing to its scientific improvement. For 200 years its history has consisted of little more than efforts to strengthen its own exclusive and aristocratic views, in which it has exhibited extraordinary inflexibility and pertinacity. It has created by-laws, half-known and half-concealed, generally injurious to the profession at large. It has, in many cases, committed acts of unwarrantable annoyance and injudicious exclusion. It has exhibited an inflexible determination to regard the knowledge of eclectic, practical, and operative medicine as one and the same thing with the study of Hippocrates, and the construing of Greek and Latin. It has multiplied degrees and artificial divisions and distinctions. "To what country do you belong?" said Napoleon. "To three nations!" said the self-important. "One good one would have been better," said the Emperor. It is even so with a multiplicity of degrees.

The days are past when the comparative powers of men are to be competed by nominal and artificial distinctions, or solely by the acquisition of elementary knowledge. Neither levelling epithets, nor sweeping reflections, can raise one division of physicians above another. Even the distinctions of the President of the London College of Physicians must fail to gain him any public consideration above many below him in collegiate rank, but superior in genius and skill. We have seen the days, when the post of Commander-in-Chief could obtain for a royal duke no public esteem as a field officer; nor his sentiments as a legislator much confidence as an expectant first magistrate. Can we think, then, that original and natural powers and capacities will not prevail ultimately over unreal distinctions, in spite of all the medical corporations and their multiplied titles and grades, designed to protect the general interests of the profession, and accordingly in the true principles of a close corporation, it has taken care only of its own? It has left the country open to quacks, while it has martyred men of genius, talent, and skill; it has committed various acts of tyranny and usurpation, which were unforeseen by its founders, and are not justified by the authority placed under its trust. If it were the supreme object of the charter to limit the practice of the profession to qualified persons, and to compel all its members to furnish the fullest proofs of their professional capabilities, their system has proved to be the very worst by which the necessity could be provided for. Its operation has been too partial and local to produce any general benefit to the country. Its original precepts and injunctions have been shamefully distorted and misapplied. The regius professor at Oxford, Dr. Kidd, has well said, "Had all the existing institutions of the medical profession always adhered to the spirit of their original foundation, many of the present evils would have been prevented."—*(On Medical Reform, Oxford, 1841.)*

(To be continued.)

SIDE-SLIP FOR QUACK'S CORNER.

QUACKERY AND SQUINTING.—NO. I.

SQUINTING has been very rarely a curable disease. That excellent physician, Dr. Caleb Hillyer Parry, of Bath, now 18 years dead, succeeded sometimes by shutting up the sound eye, and compelling the constant use of the squinting eye, until the balance of muscular action was equal in both eyes. We learned this expedient from his posthumous works, and have succeeded in children in two or three cases, where we could enforce it. New operations are now discovered, which, like new brooms and all new remedies, sweep clean at first, and are extolled to the skies as most successful. But we must be permitted to say, while we suspend our definite judgment, that many of the junior and incipient regulars of the profession appear to carry the passion for professional *eclat*, by puff and paragraph in the daily and weekly press, somewhat farther than is quite consistent with the old philosophical rules of medical ethics and propriety. Now for a gentle hint! Perhaps they aspire, as ancient things are loved, to emulate an EMPIRICAL OCULIST and SQUINT-CURER of the last century, who being once asked in a ball-room crowded with company, "What he thought of such a lady?—was it not a pity that she SQUINTED?" "SQUINT, Sir!" replied the Quack, "I wish every lady in the room SQUINTED; there is not a man in Europe can *cure* squinting but myself!"

FUSCUS RIGDUM FUNNIDOS.

A TABLE OF MORTALITY OF THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 17th April, 1841:—

Epidemic, endemic, and contagious diseases	125
Diseases of the brain, nerves, and senses	152
Diseases of the lungs, and other organs of respiration	294
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	46
Diseases of the kidneys, &c.	5
Childbed diseases of the uterus, &c.	6
Diseases, of the joints, bones, and muscles	7
Diseases of the skin, &c.	0
Diseases of uncertain seat	112
Old age, or natural decay	57
Violent deaths	18
Causes not specified	3
Deaths from all causes	848

CONFERENCE ON MEDICAL REFORM.

Third Meeting of the Delegates, Saturday, February 6, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Mr. Wickham, Dr. H. Green.

British, Dr. Webster, Dr. Hall, Mr. Evans, Mr. Davidson, Dr. R. D. Thomson.

North of England, Mr. Carter.

Cornwall, Mr. Grainger.

Glasgow, Mr. Farr.

The minutes of the last meeting were read and confirmed.

Dr. WEBSTER read a letter from Dr. Barlow, explaining the reason of that gentleman's absence from the conference; and one from Dr. Miller, secretary of the Glasgow Medical Association, delegating to him power to act, or to appoint another person to act, as a delegate from that body in this conference. The members of the Glasgow Association, Dr. Miller states, entirely disapprove of Mr. Warburton's Bill. The Bill of Mr. Hawes they think much better suited to the wants of the profession, although defective in many important points, and that of Dr. Webster as well calculated to improve and elevate the condition of the profession.

Dr. WEBSTER, in pursuance of the authority vested in him, nominated Wm. Farr, Esq., to act as delegate of the Glasgow Medical Association.

Mr. GRAINGER stated, that being compelled to leave town for a few days, he had obtained the consent of the Cornwall Medical Association to substitute his colleague, Mr. Pilcher, as their delegate.

After some discussion, wherein the delegates expressed their opinion as to the importance of the same gentleman continuing to officiate for the body by which he was deputed during the whole of the proceedings; it was agreed that Mr. Pilcher was at liberty to represent the Cornwall Association.

The Secretary read a letter addressed to the chairman by Dr. Cowan, of Reading, apologizing for his absence, and stating his impression that it was most improbable that Parliament would seriously entertain any system of reform independent of, and unsanctioned by, the corporations, and that the co-operation of these bodies should be sought in framing a plan of reform.

Mr. CARTER observed, he had always understood that one of the duties of this conference would be to confer with the corporations, and endeavour to procure the co-operation of those bodies in the accomplishment of medical reform.

Dr. MACARTNEY, Dr. WEBSTER, and others, coincided in this view.

A discussion ensued respecting the next general principle of reform which should be considered.

Mr. WICKHAM thought the constitution of the governing bodies should come next in order.

Dr. FORBES moved, and Mr. DAVIDSON seconded, the adoption of the following resolution:—

"That in the opinion of this meeting the incorporated body of the profession in each kingdom should elect a governing council."

Dr. MACARTNEY thought the elective franchise should be confined to qualified practitioners of ten years' standing.

Mr. WICKHAM was of opinion that some such limitations should exist.

Dr. FORBES consented to modify his motion to the following:—

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"That a council shall be elected periodically in each division of the United Kingdom, from and by the incorporated members of the profession resident therein."

Mr. DAVIDSON seconded the motion.

Dr. MACARTNEY thought no one should be elected who did not possess a diploma or degree.

It was remarked, that such a provision would exclude persons who were in practice before the year 1815.

Dr. WEBSTER thought the councillors should be men of at least ten years' standing in the profession.

Mr. CARTER said, the qualification of electors had yet to be considered; it would be fixed before any election took place; he agreed with Dr. Webster's remark.

The motion was put and agreed to.

Dr. MARSHALL HALL read a letter which he purposed addressing to Sir R. Peel on medical reform.

Mr. WICKHAM thought that the qualification for a degree, as well as that for a licence, should be fixed by the councils, and that the examination for honours should be conducted by those bodies; the degree itself might be conferred by such university or college as the candidate might prefer.

Dr. WEBSTER thought the suggestion was deserving of consideration.

Mr. DAVIDSON suggested that the written opinions of the council of the British Medical Association, on the formation and functions of a senate, might now be read.

Mr. WICKHAM thought that until the functions of the council were determined, there could be no adequate means of knowing whether or not a senate might be required.

Dr. FORBES thought that uniformity of operation between the three divisions of the kingdom could not be secured without a senate.

Dr. WEBSTER stated, that the senate might be looked upon either as a body representing the councils, a kind of delegation, or as an executive body. If viewed in the former light, the British Association had considered that one delegate from each council would be sufficient, but that more would be requisite if the senate were intrusted with power to make by-laws, &c.

Dr. FORBES thought it would be unnecessary at the present moment to decide between the two plans.

Mr. WICKHAM moved, "That in the opinion of this conference it is expedient that a senate should be formed."

Dr. M. HALL seconded the motion, which was unanimously agreed to.

It was considered that the leading principles of reform had now been settled.

Dr. WEBSTER, at the request of the meeting, read the suggestions of the council of the British Medical Association as to a Medical Reform Bill.

It was resolved, that the next meeting be held on Monday, at three o'clock, P.M.

Fourth Meeting of the Delegates, Monday, February 8, 1848.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial*, Dr. Macartney, Dr. Forbes, Dr. Green, Mr. Ceely.

British, Mr. Davidson, Mr. Evans, Dr. R. D. Thomson, Dr. Marshall Hall, Dr. Webster, Dr. Grant.

North of England, Mr. Carter.

Cornwall, Mr. Pilcher.

Glasgow, Mr. Farr.

Gloucestershire, Mr. H. W. Rumsey.

The minutes of the last meeting were read and confirmed.

Mr. H. W. Rumsey appeared as deputy from the Gloucestershire Medical Association, and read a series of resolutions passed by that body respecting medical reform.

Mr. Carter proposed that, in the opinion of this conference, uniform arrangements should be enforced throughout the United Kingdom with regard to medical education.

Dr. Green seconded the motion.

Dr. Marshall Hall and Mr. Farr opposed it; a uniform test of qualification was all that should be required; each educating body would make its own regulation with respect to education.

Mr. Davidson opposed the motion.

Mr. Rumsey thought the question might be more advantageously considered at a future time.

Drs. Macartney and Forbes were in favour of specified educational arrangements.

At the instigation of Dr. Hall, the motion was thus modified:—

"*That this conference thinks it desirable that uniform arrangements should subsist in respect to medical education throughout Great Britain and Ireland.*"

This resolution was agreed to.

A letter was read from Mr. Wickham, suggesting that conferences should be held with the corporations, which bodies he would comprehend in any new scheme of medical polity. Mr. W. thinks they should be supported by the fees payable hereafter for diplomas.

Dr. Green proposed "That, in the opinion of this meeting, it is expedient that existing medical institutions be respected, provided their existence can be rendered compatible with uniformity of qualification, equality of privileges to practise medicine, and a fair system of representative government."

Mr. Carter could have no objection to second the motion, seeing that it was not inconsistent with the views already adopted by the conference.

Dr. Webster thought it unnecessary, at the present moment, to take cognizance of any existing corporation; the delegates should proceed with their own plans of reform, and afterwards confer with the colleges and other bodies.

Dr. Forbes thought the motion was harmless, but would come with greater propriety at a more advanced stage of the proceedings.

Mr. Farr and Mr. Davidson thought the present corporations should no longer possess the power to license practitioners; their arrangements relative to internal self-government would not be interfered with.

Dr. Webster read the following extracts from Dr. Granville's Oration on Medical Reform, showing in what manner the corporations might be continued, even if deprived of the functions of examining and licensing.

"To accomplish this great—this all-important act of Reform, England, as one of the great national families of Europe, has only to place itself on an equality with the most enlightened among those nations. At present she stands alone, in the chaotic condition of the medical institutions. In no other part of Europe is the life of a fellow-creature, when invaded by disease, committed to the charge of three differently-educated and differently-qualified medical practitioners. Let him be poor, or let him be wealthy,—lowly in condition, or sitting on high,—the victim of disease, in all parts of the continent, is sure to have by his bed-side an attendant to whom an uniform system of education has imparted the utmost knowledge in his profession which a wise government could provide for him. And as for any distribution of rank among such attendants, the laws having prescribed the same education for, and granted the same qualifications to, all, leave it to public opinion to establish it. In order to obtain readily results like these, the continental governments have provided one central medical faculty for the whole kingdom; with one or two branches, where the territory is too vast, as in France, for example. That faculty is directed to apply the same and the maximum test of examination to all who desire to practise the healing art. It is, moreover, invested with a power to recognise all persons who have proved themselves able to practise; and to grant to all such the same privileges, to be enjoyed by them in every part of the kingdom, unmolested by any secondary or delegated power. That such a measure of equality and protection, on the part of the regent faculty, may be justified, the nature and length of education, preliminary as well as medical, of all the candidates to be examined in the healing art, have been defined by special laws, which are not made subject to perpetual and capricious variations on the part of subordinate authorities. On the other hand, education itself is made accessible to the most moderate fortunes; and the final examination or inquiry into the proficiency of the students and candidates for degrees takes place in open courts, and not in a private conclave. The examiners do not elect and perpetuate themselves in secret; neither are they remunerated by the fees of candidates—hence two sources of abuse, or corruption, are avoided. There may be corruption where there is secrecy, self-perpetuation, and irresponsibility, on the part of the examiners: there may be corruption when, by secret proceedings, large sums of money are obtained from the many for distribution among the few. But, according to the continental system, such species of corruption cannot obtain. Eleventh and lastly, Those parts of the acts or charters under which the present medical corporated bodies or colleges claim the right to examine candidates, before the latter can be authorised to practise either physic, surgery, or pharmacy, and all such other acts in existence as interfere with the carrying out of the principles of legislation laid down in the present scheme of medical reform, should be annulled; but in no other respect should the said medical corporate bodies be disturbed, nor any of their vested rights encroached upon. Their interference with medical education, qualifications, degrees, and right to practice of individuals being once put an end to, the colleges should be permitted to continue the career for which they were originally intended—that of promoting medical science, through and with the assistance of their halls, their libraries, their museums. And inasmuch as the said colleges, whether in London, Edinburgh, or Dublin, or elsewhere, were founded for public, and not for private benefit; and some of them are even now, or have been, supported by grants of public money; their respective establishments for the promotion of science should be thrown open to the public."—"In the scheme here propounded, it will have been noticed that the existence of all the medical corporations as scientific bodies, with the possession of all their present belongings, is maintained, provided that their resources be applied to the public good, under wise regulations."

Dr. Marshall Hall moved an amendment, which was seconded by Mr. Davidson:—"That this conference respects, in the fullest manner, all existing institutions, as far as this is compatible with incorporation of the whole profession, on the principle of representation, uniformity (tested by examination) of qualification of privileges, rights, and immunities."

The resolution was agreed to, Dr. Green and the chairman protesting against it.

Dr. Webster proposed, and Dr. Forbes seconded, the motion—

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(5.) "*That no unlicensed person should hereafter, in the opinion of this conference, practise medicine without being subjected to a penalty.*"

This was unanimously carried.

Mr. Carter proposed, and Mr. Farr seconded, the motion—

(6.) "*That a registry should be kept of all persons who should receive a license to practise medicine.*"

A discussion then took place relative to chemists and druggists, and as to the propriety of including any regulations bearing upon them in a Medical Bill.

Dr. Webster thought that some representation should be made of the present want of adequate control over chemists and druggists.

Dr. Marshall Hall thought the subject should be entirely excluded from a Medical Bill.

Dr. Forbes thought it should be noticed by this conference.

Mr. Farr and Dr. Thomson expressed a similar opinion.

Mr. Carter, impressed with the importance of this subject, would propose—

(7.) "*That, in the opinion of this conference, it is highly necessary to the public health, that measures should be taken by the Legislature to secure a proper superintendence over the trade of chemists and druggists, as by license and registration, and by such other means as Parliament should think proper to adopt.*"

Dr. R. D. Thomson seconded the motion, which, after some remarks in support of it from Dr. Webster, was unanimously passed.

The Secretary then commenced reading the suggestions of the British Medical Association respecting the incorporation of the profession.

On the motion of Mr. Farr, seconded by Mr. Davidson, Provision 1 was agreed to, after a short discussion as to the admission of qualified quacks into the electoral body.

Dr. Macartney protested against the admission of practitioners keeping open shops for the sale of medicine.

Provision 2, of the heads of Bill, was agreed upon.

Dr. Macartney having left the chair, Dr. Forbes was requested to preside.

Provision 3 being read, the number of councillors for each country was reserved for future consideration.

Provision 4. Election of a president was carried.

Provision 5. The senate.

Dr. Forbes thought there should be an educating body distinct from the governing councils. He read a statement of his views upon the formation of a new educational establishment, to which he would confide the making of regulations for education, and the granting of a primary grade in medicine. The medical councils would still have power to examine all persons applying for their license, and the Universities might grant degrees as heretofore.

Dr. M. Hall insisted on an election of the senate by the councils; it was necessary there should be a connexion between the two.

Dr. R. Dundas Thomson thought Dr. Forbes's observations were most valuable, but they involved questions which could not be considered at present; he thought that the senate ought to consist of delegates from the councils.

The Chairman begged that gentlemen would state their views respecting the construction of the examining boards for licentiates to practise medicine.

Mr. Farr moved, and Dr. Thomson seconded, "That the councils should appoint the examining boards, one-half of which should consist of persons chosen by concours, the remainder of members of the councils."

Mr. Carter proposed as an amendment, "That there should be one examining board appointed in each capital of the United Kingdom." As the conference had determined to invite interviews with the corporations, he thought it was by no means necessary that its members should pledge themselves to the *manner* in which such boards should be formed. They might, at this time, adopt the principle that there should be one board in each capital, without specifying by whom it should be chosen, until after the opinions of the corporations should become known, for they might possibly suggest some plan which, while it would give effect to the principle of having but three boards, would not deprive the corporations of all share in their construction.

Professor Kidd was an advocate of one board in each capital, but he had suggested that each of the present examining bodies should be represented therein; one-half of the board being nominated by them, the other by the profession at large, or, in other words, by its representative governing council. It would be time enough to pass a resolution similar to the one proposed by Mr. Farr, when it was found that the corporate bodies would not co-operate with the conference in giving effect to their principles. It was possible that a participation in the appointment of examiners, and a share in the fees of persons examined, would obviate the hostility of existing corporations to a new system of medical government.

Mr. Ceely seconded the amendment.

Dr. Webster remarked, that if the corporations were to participate in the formation of the boards for examining licentiates to practise, they would no longer be looked upon as honorary establishments. He thought the conference should proceed with its plans irrespective of existing bodies; the views of the former might be modified after consulting with the latter.

Dr. Grant spoke at great length in favour of conciliation being exercised towards old establishments, whilst endeavouring to construct new ones. Reform, to be safe, should be gradual—the co-operation of existing bodies should be sought. We wanted reform, not revolution; the corporate institutions should, if possible, be amalgamated, and should enter into the formation of the examining boards. The latter should be wholly distinct from instructional establishments. He did not think the concours was likely to answer in the case of examiners, although he could conceive nothing more intensely calculated to promote ambition among rising medical men than the competition by concours now proposed.

Mr. Farr consented to propose his motion without the latter clause, and moved, "That the examiners should be appointed by the councils."

Dr. Thomson concurred, and seconded the motion.

Dr. Macartney thought there should be one board of examiners for the three countries. The examinations should be conducted before assessors, who should decide on the validity of the candidate, the examiners simply conducting the inquiries into his qualifications.

Dr. Webster supported the motion: on being put there appeared—

For the motion.	*For the amendment.*
Dr. Forbes	Dr. Green
Dr. Webster	Mr. Ceely
Dr. Hall	Mr. Carter
Dr. Thomson	
Dr. Farr	
Mr. Davidson	

Dr. Grant, after some explanation, supported the motion.

Dr. Macartney protested against both.

It was then proposed that two classes of examiners should be chosen: the *permanent* or resident examiners, and the non-resident; the former to be chosen by concours, the latter by the councils.

Mr. Farr explained that the former would be wholly occupied in their vocation, and would not be allowed to engage in other duties. They would be a consulting board in matters relating to public health, as in the testing of poisons, in questions of medical jurisprudence, &c.

Dr. Grant could not perceive the necessity of disconnecting the examiners from other employments than those specified. They would be more likely to be qualified for their office by a life of active employment, as in teaching, than by one of the character in question.

Dr. M. Hall thought they would have occupation enough.

Dr. Macartney thought the concours would form a bad corps of examiners. He could not see why one part of the board should be chosen differently from the other.

Dr. R. D. Thomson observed, that much opposition had been offered to concours in this country from a total misapprehension of its meaning. By concours he understood a public test of qualification. In the case of an examiner, it would require that individuals should give a public guarantee of their capacity for the office. There was nothing unfair in this, any more than it was improper that men should be tested as to their qualifications to practise. Some of the gentlemen who had spoken against the concours seemed to entertain the idea, that by this ordeal two men were to be allowed to cross-question and confound each other. But what are the proofs required at a concours in France? First, the candidate produces evidence of antecedent eminence or reputation; secondly, he must afford written, and, thirdly, real proofs of qualification. It is difficult to understand what possible objection could be brought against such indispensably requisite tests of qualifications for a scientific appointment. When the term concours is, therefore, applied to the appointment of examiners, all that is meant is, that the candidates shall give public evidence of their being qualified to perform the duties of the office. How have examiners been chosen hitherto? Have they not very frequently been totally unfit for such an arduous and difficult duty? It has been said that the young men would scare away the older men from such competition. If the practice were established, it would only tend to bring men at an earlier period into active service, instead of keeping them, as in this country, in the back-ground, until the silvery locks of age proved that they might be relieved from such harassing labour. It has been said that the idea of competition is abhorrent to Englishmen, and yet the school-boy exists, he might almost say, by his emulation; the college student also contends for his prizes. But we are told, when we arrive at twenty-one, our nature changes, and we are no longer inspired by the feeling of honourable emulation. He had never, however, met with any one in this anomalous condition. The system of competition has been tried in this country with eminent success, more particularly in King's College, Aberdeen.—Professor Clark states, in the Commissioners' Report of 1838, that in the year 1717, several professorships in King's College were made vacant by royal commission, on account of the political offences of the professors; among others, the chair of mathematics. The vacancy on that occasion was filled up by competition, and the person appointed was the celebrate

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Colin Maclaurin. Ten years afterwards a vacancy occurred in the same chair; it was not filled up by competition, and the son of a former provost was elected, unknown to possess any other qualification. The next vacancy took place in 1766, and the appointment was made by competition. On that occasion no less than six candidates presented themselves; the most distinguished of these were, William Trail, late Dean of Raphoe, who proved to be the successful candidate; Robert Hamilton, subsequently professor, and known to the world by his work on the national debt; and John Playfair, late Professor of Natural Philosophy in the University of Edinburgh. One of the candidates was a son of one of the professors, who was a son of a provost. There is little doubt, from the previous history, that he would have been appointed had there been no competition, and the other candidates would not have appeared. To this may be added, that Dr. Clark himself was elected by competition; there were three candidates, who were examined in presence of a jury of the professors by Dr. Thomson, of Glasgow, who had been requested to give his assistance. Dr. Clark, it may be mentioned, is one of the most ingenious chemists of this country. Age was no objection in France. Dumas, although forty years of age, lately competed with Bussy for the chair of organic chemistry in Paris. When a man of very superior attainments becomes a candidate, young men will frequently give way. But there is no reason why a young man should not have the opportunity of competing, if he please, with the most talented man in the country. The recognition of concours, as the just mode of electing to situations requiring extensive knowledge, would be an important feature of a new faculty, and would be sufficient of itself to secure success.

Dr. Webster alluded to the University of London in exemplification of the present system of appointing examiners. The concours would have provided a more efficient board.

Dr. Forbes said, the fault was owing to the mode in which the senate of the University was appointed; they were irresponsible, and they chose examiners from their own body. Such would not be the case under a representative form of government.

Mr. Carter thought it might be left to a representative council to settle its own mode of appointing its examiners. The conference need not decide the question.

Dr. Webster thought the principle of the "concours" should be acknowledged; and it having been proposed that *part* of the examiners should be chosen by concours, there appeared

For the motion.	*Against.*
Dr. Webster	Dr. Grant
Dr. Hall	Dr. Forbes
Dr. Thomson	Dr. Macartney
Mr. Farr	Mr. Ceely
Dr. Davidson	Mr. Carter

Dr. Green was neutral.

Dr. Forbes thought the concours decidedly applicable to the case of lecturers, but not of examiners; it was also well adapted to young men at college, but would not be submitted to by persons established as first-rate practitioners; they would fear that their reputation might be injured by defeat: there were many qualifications for an examiner which the concours could not ascertain, such as temper, judgment, &c. He did not think this method was suited to this country.

The meeting was adjourned until Tuesday, at a quarter before four o'clock.

Fifth Meeting of Delegates, Tuesday, February 9, 1841.

Dr. Forbes, F.R.S., in the chair.

Provincial, Dr. Forbes, Dr. Macartney.
British, Dr. Webster, Mr. Davidson, Dr. R. D. Thomson, Mr. Evans.
North of England, Mr. Carter.
Cornwall, Mr. Grainger.
Glasgow, Mr. Farr.

The Secretary read a letter from Dr. Hennis Green, stating that he had resigned his office of delegate for the Provincial Association.

It was resolved, on the motion of Mr. Davidson, seconded by Mr. Grainger, "That *all* incorporated members of the proposed faculties should be entitled to vote in the election of the councils."

And on the motion of Dr. Forbes, seconded by Mr. Grainger, "That no one should be eligible as a councillor until he should have attained the age of thirty years, and been a member of a recognised university or college, or of the faculty of medicine, for a period of not less than five years."

Mr. Carter proposed, and Dr. R. D. Thomson seconded, a motion, "That each councillor should be nominated by at least six electors." This was immediately acquiesced in.

Mr. Grainger was of opinion that the councils of the present corporations, if rendered elective by their commonalties, might nominate a certain portion of the national medical councils. A discussion ensued, but the subject was reserved for further consideration.

Dr. Webster proposed, "That all authority in medical affairs should be vested in the councils, and that the duties of the senate should consist in giving effect to the arrangements made by the several councils in matters wherein uniformity was essential throughout the United Kingdom." Dr. Webster observed, that for the accomplishment of this purpose, three members of senate, one being chosen by each council, would be sufficient.

Mr. Carter conceived that the duties of the council might, in many respects, be made wholly distinct from those of the senate, and *vice versâ*. The councils might regulate the internal arrangements of the profession, protect the interests of the faculties, &c. &c., while to the senate might be intrusted the superintendence of education, qualification, &c.; the senate would be chosen by and out of the councils, and as it, like them, would be responsible, and elected for a term of years only, it might surely be intrusted with these functions, and in that case three persons, he thought, would be insufficient.

Mr. Davidson said, that upon pecuniary grounds it would be desirable that the senate should be small; he thought the chief power in all respects should be intrusted to the councils.

Dr. Webster, after some further discussion, withdrew his motion, and proposed the following, which was seconded by Mr. Carter, and agreed upon:—

"That the duties of the council should consist in regulating the internal government of their respective faculties, in protecting the interests of the members of those faculties, in superintending the examination of candidates for licences to practise; in granting those licences; in constituting a board of reference for her Majesty's Government in questions relating to public health, medical police, &c.

"That the senate should regulate certain points, in which it would be essential that uniform arrangement should prevail in each part of the United Kingdom, as in framing such by-laws as might be required to regulate the three faculties irrespectively; in settling the qualifications of persons who were to be admitted as licentiates of medicine; in publishing a national pharmacopœia, &c. &c."

Dr. Macartney proposed that the number of the council in each country should be twenty-four.

Dr. Forbes seconded the motion.

Mr. Farr thought there should not be fewer than thirty-six for England; but that the number for Scotland and Ireland should not be fixed, until the sense of the profession in those countries was known respecting it.

Dr. Webster seconded Mr. Farr's proposition, which was agreed to.

Mr. Farr proposed that the number of the senate should be three.

This was seconded by Mr. Evans.

Dr. Macartney proposed that the senate should be composed of twenty-four members eight from each division of the kingdom. This was not seconded.

Mr. Carter proposed that the senate should comprehend not fewer than nine persons, three from each country.

Dr. Forbes seconded the proposition.

The opinions were,

For a senate of nine persons—Dr. Forbes and Mr. Carter.

For three senators—Dr. Webster, Mr. Farr, and Mr. Evans.

Mr. Grainger having returned after an absence, stated himself to be in favour of nine senators.

The meeting was of opinion, that members of the councils should be paid for each sitting, and that a certain sum should be allowed for travelling expenses, and that the senate should be paid in like manner.

It was also agreed, that an annual list should be published of all licensed practitioners.

Mr. Evans proposed that all persons should pay an admission fee of 2*l.* on being enrolled as members of the faculty, and that no fee should be subsequently payable for registration.

FEE FOR LICENCES.

Mr. Farr proposed that £20 should be paid by every person, on receiving his licence, to the treasurer of the faculty. £5, he thought, should be deposited by every candidate for examination, which should not be returned if even he were rejected.

Dr. Macartney seconded the motion, that £20 should be paid on receipt of a licence, but that no money should be taken from a rejected candidate.

Mr. Evans agreed with the last sentiment. He proposed that £30 should be the licence fee.

Dr. Webster seconded the proposition, and strongly urged that £10 of that sum should be contributed towards an annuity fund, the remainder being handed over to the faculty.

Mr. Grainger thought £30 would be most exorbitant; £20 he considered sufficient, with an additional £1 for a diploma stamp. At the end of an expensive education, £30 would be a most excessive exaction.

Mr. Carter thought £30 for a licence would occasion universal complaint; £20 should be the utmost demand. The College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, received £7 7s. with each member. The former body had named £12 12s. as a maximum fee.

Dr. Webster explained, that every existing general practitioner in England either held, or *ought* to possess, both a diploma from the College of Surgeons and an Apothecaries' licence: the fee for both is £28 6s., and for metropolitan practitioners £32 10s. He thought that an elective and protecting body, like the contemplated councils, would be well deserving of the sum proposed by Mr. Evans. According to his own views, no more than £20 would be

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paid to the councils; the remaining £10 would be contributed to a most noble and useful purpose—a purpose which would amply repay the disbursement of so trifling a sum. At no period of his life could the practitioner better afford such an outlay; it might not only benefit himself, but those who were to come after him.

Dr. Forbes would object to the taking of a fee from a rejected candidate, and the addition of any burthen to the payments strictly payable to the councils for a licence. He would vote for a licence fee of £20.

There were for Mr. Farr's motion, that £20 be paid for a licence — Dr. Macartney, Dr. Forbes, Mr. Grainger, Mr. Farr, and Mr. Carter.

For Mr. Evans's amendment—Dr. Webster and Mr. Evans.

It was agreed that the fee should be uniform in England, Scotland, and Ireland.

The meeting was adjourned to Friday, at six o'clock, P.M.; and it was resolved that there should be a meeting on the following evening, at seven, to receive a statement, to be drawn up by the Secretary, preparatory to a conference to be solicited with the College of Surgeons.

SPIRIT OF THE MEDICAL PRESS.

TUBERCULAR DISEASE IN THE LUNGS.

A PRECISE discrimination of those cases in which life is eventually destroyed, under the ordinary forms of tubercular phthisis, is not always easy, especially in the early or adhesive stage. Where the substance of the lungs becomes silently loaded with small diffused tubercles, I have seen the change steal on so insidiously, that unproductive of the least pain in the chest, the patient was not to be persuaded his complaint was serious; and even the slowly increasing dyspnœa, which through sympathy between the lungs and larynx was obviously influenced by the atmospheric changes, aggravated by cold and fog, and relieved in mild clear weather, left his physician in some doubt as to the precise character of the disease. In such a case the information afforded by the stethoscope will be confined principally to those sounds indicating restriction to the stream of air rushing through the tracheal ramifications. Here, even the pulse preserving its healthy quietude, will now and then fail to indicate the approaching danger, there being little cough and no expectoration of any unhealthy quality.

When, however, the suppurative stage comes forward, discrimination is much assisted. If the inflammatory excitement be very partial and the constitutional powers good, the effusion of fibrine may still confine the formation of matter within a very narrow compass; and ulceration promptly opening an exit into the bronchia, the little fibrinous cyst, although for a time it may secrete pus, will gradually assume a modified action, forming a heavy, stiff, greyish-coloured fibrinous mucus, which sinks in water, but recovers its previous figure, presenting an exact cast of the cavity in which it was formed; and the little cyst, slowly contracting, will, in a course of years, almost cease to exist, and quite cease to be felt, or, as at first, calling the attention to a tender sore point in one particular spot, whenever disturbed by coughing, sneezing, or taking cold. In such a case as this, I believe the stethoscope will afford scarcely any information.

On the other hand, if in good general health, the seat of excitement may be more extensive, the effusion of fibrine may occupy a greater space, and a collection of several ounces of matter be the result, which, although it may open into some branch of the trachea, and the pus be coughed up, the secretion still goes on. Such a cyst, it is true, may induce little or no pain, but the quantity of purulent matter continually thrown off will excite disturbance and hectic fever, under which the patient will eventually sink. The existence of abscess may here be fairly inferred by the free and continued spitting of pus, with or without blood. Here also the fact admits not only of being confirmed, but the precise seat of the cavity determined by the stethoscope placed over the spot, by which the air in respiration may be distinctly heard loudly bubbling to and fro through the matter in the abscess, while in speaking, the patient's voice appears to reverberate within the cavity and thence through the instrument to the ear, as if the patient was speaking through the chest instead of the trachea.

These remarks with the cases may give some general idea of the progress of tubercular phthisis; and we may now proceed very briefly to notice the opinions entertained as to the origin of tubercle. The doctrines held by some distinguished pathologists, BAILLIE, LAENNEC, and others, was, that tubercles, in phthisis, are first formed in the parenchyma of the lungs, and that as they advance in growth, they induce, by pressure, irritation and ulcerative absorption of the bronchial ramifications; and in this way purulent secretion is brought about. Others, again, of equal celebrity, with ANDRAL and MECKEL, have regarded tubercle as a morbid secretion into the air-cells and fine bronchial tubes; and although various circumstances give support to the former, many weighty considerations offer themselves in favour of the latter opinion. The dissections of Dr. CARSWELL prove that tuberculous matter is occasionally and abundantly secreted into the air-cells and bronchia of the larger animals, where these changes admit of more distinct examination; and having given to this question some attention, and carefully compared the appearances in various preparations in my collection, I consider that M. ANDRAL'S view is that which is best supported by analogy and by actual observation; and, therefore, that Dr. CARSWELL'S suggestion is worthy of adoption, that the term tubercle, in reference to such secretion formed upon a natural surface, should be changed for that of tuberculous matter.

It appears that this matter is essentially albuminous, and from the coinciding opinion of nearly all observers, there is no good reason to believe it susceptible of organization, which is precisely what is demonstrated in several specimens of scrofulous disease of kidney, which I have injected, in which an albuminous secretion, thickly deposited upon every part of the mucous lining of the cavities of the kidney, exhibits very scanty and imperfect traces of commencing vascularity.

In the lungs, as it appears to me, this albuminous or tuberculous matter may be deposited within the air-cells, in the fine ramifications or larger branches of the bronchial tubes, and a preparation lately put up, I think demonstrates one of the air-cells evidently much enlarged, and loaded with this dense opaque substance. As to quantity, it may go on to accumulate, inducing expansion and absorption of the sides of the air-cells and tubes; and as the quantity increases, tumours or masses of this substance may by their irritation excite suppuration, ulceration, and abscess, producing all the more ordinary appearances met with in the examination of these diseases.

Suppurated Tubercles in the Lungs.—H. H., 21, a young woman of dissolute habits, long in St. George's Infirmary, for ulcerating nodes on the forehead, caries of the cranium, with extremely low quick pulse, from the previous use of mercury or continued progress of disease, complained of a constant teazing cough, with evident emaciation. As there was neither pain in the chest nor material expectoration, the physician thought it proceeded from the stomach; but the frequency of cough, increasing dyspnœa, and progressive wasting, reducing her at length to a shadow, she sunk and died.

Post-mortem.—I found the lungs slightly adherent, and throughout their substance everywhere tuberculated. The tubercles in all parts equally diffused and uniform, were of the size of small peas, with little capsules. Universally suppurated, they all contained a thick yellow purulent matter; yet many sections were examined without its appearing that any number had ulcerated into each other, so as to form a large cavity or vomica.

Extensive Tubercular Disease in the Lungs.—J. B., 28, cruising off Newfoundland, in heavy weather, contracted a severe cold, violent cough, and permanent dyspnœa. In three months, with distressing cough and dyspnœa, and some occasional pain in the chest, he was taken into hospital. Soon relieved, he returned to the barracks, where, during a very heavy gale of wind, seized with a dreadful sense of suffocation, and supposed to be dying. I visited and bled him, with some relief; the pulse small, 160. He expectorated a tough, heavy, purulent matter, said he felt a constant want of air and difficulty in drawing it into the lungs; and that he found the only medicine was laudanum, which he thought invaluable, although he said he knew that even this could not save him. He gradually sunk and died.

Post-mortem. — On opening the body I found the lungs closely adherent in both sides of the chest. Cutting into various portions, the substance of the lungs was seen filled with compact tubercles of various sizes, together with numerous rounded ulcerated cavities, some as large as a walnut, and all lined with a coating of condensed fibrinous matter, so compact as to give these cavities the appearance of cartilaginous cysts, containing a purulent matter similar to that previously coughed up. There were also numerous minute masses of a calcareous or ossific matter secreted, apparently, into the cellular tissue of the lungs. — With such an extent of tubercular deposit and ulcerative action, it was matter of surprise that circulation and respiration should have sustained life so long.

Tubercular disease, with extensive Abcess in the Parenchymatous Substance of the Lungs.—Mr. W., 54, for several years troubled with cough, oppression, and pain, principally in the right chest, had occasionally been relieved by the ordinary treatment. For these complaints, induced by distress of mind, and aggravated by a severe cold, he was bled on a Tuesday, seen on Wednesday, but not afterwards until the following Sunday evening, Mr. WALL and myself were requested to visit him. He was then labouring under most urgent oppression, with a very acute pain in the right side; features anxious; pulse quick, full, and hard, with cough and expectoration of a brownish-red mixture of blood and pus. The stethoscope conveyed a loud and extremely confused rattling sound on the right, but a clear, yet restricted respiratory rush of air through the bronchiæ, on the left side.

Considered in extreme danger, he was bled thrice the same evening, with eventual perfect relief from pain and alleviation to the other symptoms. The cough so improved, that he expectorated more freely, and obtained refreshing sleep. The blood was cupped and buffed. The next day the oppression increased again, and the bowels were cleared by an aperient.

Tuesday, immense anxiety in breathing, yet the poor fellow declared he could not suppose how it was, for that he had not the least feeling of pain, but remained quite easy. His medicines had succeeded in relaxing the skin, but the pulse now became unsteady; the same evening he died.

Post-mortem.—Within the chest we found the left cavities of the heart of a dull red colour; the serous lining of the aorta a vivid crimson, while that of the pulmonary artery was white and healthy. The muscular substance of the heart had partially lost its firmness, and was readily torn or pressed asunder. The inferior lobe of the right lung contained a very extensive abscess, which by ulcerating the parenchyma, had dissected and separated the various masses of the bronchial and vascular tissues, quite up to the pleural covering. This large abscess was filled with a fœtid red-coloured pus, similar to that previously coughed up. The substance of the lungs, in both sides of the chest, was extensively tuberculated, and externally adherent to the ribs.—The appearances in the left cavities of the heart were apparently owing to the absorption of the unhealthy pus, from the abscess passing round with the blood, by the pulmonary veins to the left ventricle, and exciting irritation upon the serous membrane.

Soft Pulpy Tubercle in the Lungs.—J. C., 7, five months in St. George's Infirmary, with violent cough and pain in the chest, which the physician observed, in the severity of the paroxysm, resembled the hooping-cough. Very little heat or thirst; pulse little disturbed, mucous expectoration moderate. So little dyspnœa he could always lie down and sleep well, until at length he sunk and died, apparently without pain. He took various medicines, and was once blistered.

Post-mortem.—On opening the chest, between the laminæ of the mediastinum, above the heart, and surrounding the trachea, I found a considerable mass of a soft white tumour, which on further examination, was seen to be connected with a number of tubercles of similar structure about the roots of the lungs, and in the substance of the left lobe. Within the left lobe, I divided, by a section, through one of the soft tubercles the size of a walnut, enclosed in a fine capsule of condensed cellular membrane, and at one point falling into ulceration; and exposed another tubercle, near the surface of the lung, entirely destroyed by ulceration, which, at one point, had extended into the healthy substance of the lungs, the pleura adjoining this little abscess being covered with a thin layer of fibrine.—The mesenteric glands presented tumours similar in character to those in the lungs, but similar in size.—*Howship on Surgical Disease.*

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"Empirics will undertake all cures, yet know not the *causes* of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

ENGLISH LAWS AGAINST QUACKERY AND EMPIRICIDE.

It then appears that these so incorporated knights of the razor and scalpel took advantage of the anti-quackery clause of the previous Witchery and Sorcery Act, which was passed for the purpose of *bishopping* men into physicians and surgeons, after the modern fashion f the Canterbury or Lambeth Doctors, (see Sketch, Vol. III. Medical Times, No. 60, p. 73,) and fell foul of the whole host of artisans, blacksmiths, and old women who then quacked the country. This is recited rather humorously in the said Act of the 24th & 26th H. viii, A.D. 1542-3. It seems that the said Company and Fellowship of Surgeons and Barbers in London, "minding *only their own lucres*, and *nothing* the profit or ease of the diseased or patient, have *sued, troubled*, and *vexed* divers honest persons, as well men as women, whom God hath endued with the knowledge of the nature, kind, and operation of certain herbs, roots, and waters, and the using and ministering of them to such as be pained with customable diseases, as woman's breasts being sore, a pin and the web in the eye *uncomes (?)* of hands, burnings, scaldings, sore mouths, the stone, strangury, saucelin, and morphew, and such other like diseases, and yet the said persons have not *taken anything* for their pains or cunning, but have ministered the same to poor people only for neighbourhood and God's sake, and of pity and charity. And it is now well known, that the surgeons admitted will *do no cure* to *any person*, but where they shall know to be *rewarded* with a *greater* sum or reward than the cure *extendeth unto;* for in case they would minister their cunning unto sore people unrewarded, there should not so many *rot* and *perish to death* for lack or help of surgery as daily do; but the *greatest* part of surgeons admitted be much more to be *blamed*, than those *persons* that they *trouble*. For although the most part of the persons of the said craft of surgeons have *small cunning*, yet they will take *great sums of money* and *little* therefore, and by reason thereof they do oftentimes *impair* and *hurt* their patients *rather than* do them *good*." Ha, ha, ha! It was therefore ordained that the old women should so "practise, use, and ministrie," in outward sores with herbs, ointments, baths, pallises, and emplastres, and give drinks for "the stone, strangury, and agues." By this law, herbalists, or "persons having knowledge and experience of the nature of herbs, roots, and waters; or of the operation of the same, in speculation and practice, to use and minister in to any outward sore, uncome, wounds, apostemations, outward swelling, or disease, any herb or herbs, ointment, baths, pultiss and emplaisters, according to their cunning, experience, and knowledge in any of the diseases, sores, and maladies before mentioned, or like diseases; or drinks in stone, strangury, and agues, without suit, trouble, penalty, or loss of their goods."

These several statute laws of the blustering reformer of medicine and surgery, Henry viii., formed the first ignoble basis of a regular profession in England, and the first checks of the universal quackery of the country; but as such, and as after punishments, they proved totally inefficient. If the old women's and quacks' protecting Act be not an obsolete or dead letter law, or invalidated by the subsequent enactments, the people have still a right of practising irregularly and empirically, as herbalists or herborists, in medicine and surgery, without qualification by education or law. This right of practising in a domestic and personal manner is confirmed, out of doubt, to men and women in England by the Act as cited. It removes the false opprobium and charge of Quackery cast on the backs of herbal and rural practisers in country places, by regulars and routinists, who are annoyed by the competition and interference of those ignoramuses with their patients and professional interests. In the Anglo-Welsh counties, South Wales, and even midland counties, rural quacks and *wise* women, who are contradictions in nature, still prevail and practise extensively, chiefly among little farmers, middling people, and peasantry, as what they call "*yarb doctors.*" But these persons are not without their utility and even cunning or knowledge, in certain cases, though uneducated and unlicensed. For twenty years we have had the evidence of our senses to prove to us that they very frequently make cures in particular medical and surgical cases, in which common general practisers and Routinists, and even others of higher education and grade, accustomably fail. In external therapeutics much depends on division of labour, minute and separate attention to particular cases, repetition and variety of applications, the inspiring of the patients with confidence, and the satisfying of the patient's mind, for which tedious processes regular men have neither inclination nor time.—In Herefordshire, Monmouthshire, and Wales, they usually perform these cures in cases of dropsy, scrofula, engorgements, &c., either in external or internal diseases, by medicaments outwardly or inwardly applied, after the regulars, who know nothing of herbal therapeutics, have as regularly failed. But the more marked are the cases of their success, the more inveterately are they deprecated and vilified by the ordinary legitimates. Professor Rust, after his investigation into the state of the profession in Prussia, in 1833-4, recommended the King not to interfere with those rural quacks who, "after long experience in empiricide," had "acquired a right good practical tact."

In France, *par example*, we are glad to repeat that the herbalists or rural quacks are compelled absolutely to pass an examination by law as to their knowledge of herbs, before they can get a licence to practise. We do not think there could be any objection to some like measure in England. It would form a simple regulation and recognition of the law, and proper boundary of natural and popular physic, contribute a trifle to the revenue, and give the ignorant and credulous some security against impostors. Since we undertook to write a New Herbal, we have regretted to find that the Anglo-Welsh and old Welsh people, who were very cunning in herbs, are now almost extinct. The whole race of the lower orders, instead of being more enlightened, have loss the useful knowledge of Galenical remedies, and have, in every respect, less useful knowledge than their grandfathers and grandmothers possessed before them. It is no doubt true, that nineteen out of twenty rural quacks are rank impostors, and low cheats, who live partly by duping the ignorant and credulous, but the twentieth man is often something between a small farmer and a peasant, who is familiarized with the constitution, habits, and ways of his own sort of people, well versed in Galenics, and in some cases, as dropsy or scrofula, makes great cures. This empirical kind of original knowledge and vulgar experience, is found to be useful in some desperate, old, knotty, and difficult cases. He keeps his secrets and receipts closely to himself; he commits blunders sometimes from ignorance of anatomy, and is compelled to watch narrowly to avoid scrapes where knowledge of tissue and nice discrimination are required. But the tact of these fellows is always seen in empirical therapeutics, and in giving remedies with double horse power and energy in the kind and dose of some devil of a drug. It can never be denied that the therapeutics of the Routinists are defective, backward, and feeble through doubt and timidity, irrational scepticism, affected contempt, and real sciolism. For our part, we are compelled to confess that we have agents for every difficult disease, but not one remedy. Sure we are with Lord Bacon, that it is the delight of God, like the sweet and innocent play of children, to hide himself in order that he may be found in herbs and remedies. It behoves us, then, not to be puffed up, but to observe humility in special therapeutics, and instead of being ruled by dogmatism, bigotry, and self-conceit, con-

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descend to persons of low estate, who have power to impart to us useful curative processes or healing plants, for this kind of skill has been derived not from theoretical and systematic regulators, but from accidental discovery; and old people, familiar with the wood, the hedgerow, and the fields, where God produces and reveals many secrets for the simple in the use of man's body, as we have witnessed in our electic method of practice.

The exercise and application of the penal clauses of the Witchery and Sorcery Acts to the old women, by the former knights of the razor and scalpel, exhibit a litigious and womanish spirit on the parts of these regular predecessors and fathers of the late Corporation and present London College of Surgeons, and could now be considered necessary only by the covetous, narrow-minded, and mean part of the profession—Quackery.

CONFERENCE ON MEDICAL REFORM.

Sixth Meeting of the Delegates, Wednesday, February 11, 1841.

Present—Dr. Forbes in the chair.

Provincial, Dr. Forbes.

British, Dr. Webster, Dr. Thomson, Mr. Davidson.

North of England, Mr. Carter.

The Secretary read a statement of the principles agreed upon by the conference, which he had drawn up with a view of laying the sentiments of the delegates on medical reform before the council of the College of Surgeons, provided that body were willing to meet them.

The Secretary was requested to write to the President of the College, stating the wish of the conference for an interview.

Meeting adjouned until Friday, the 12th, at six o'clock.

Seventh Meeting of the Delegates, Friday, February 12, 1841.

Present—Dr. Macartney in the chair.

Provincial, Dr. Macartney, Dr. Forbes.

British, Dr. Marshall Hall, Mr. Davidson, Dr. D. R. Thomson, Mr. Evans.

North of England, Mr. Carter.

Cornwall, Mr. Farr.

The Secretary read the minutes of the meeting of the 9th inst., and announced that he had written to the President of the Royal College of Surgeons, stating that the delegates would be happy to confer with the council of the College on the subject of medical reform.

The report which had been drawn up of the opinions of the conference, on the leading points of reform, and which was to be made use of in the interview with the College, was read, and certain amendments were suggested by the meeting.

Dr. Forbes then moved, "That, in the opinion of the conference, it is expedient that a certain proportion of the councils of each division of the United Kingdom should be chosen by the incorporated members thereof, and that the remainder should be appointed partly by the existing medical corporations, and partly by the crown.

Mr. Davidson seconded the motion, which was supported also by Mr. Evans.

Mr. Farr asked why the power of appointing councillors should be given to the corporations and not to the universities? He did not imagine the government would be solicitous to nominate so small a proportion as would be allowed them by the proposal of Dr. Forbes. He thought any suggestion of this kind should come from the existing institutions themselves, and that they should not be prompted to it by the conference.

Dr. Macartney reiterated his belief, that if the council of the College of Surgeons, and the ruling officers in the College of Physicians, were to be made elective, a governing body might be formed by a junction of the two institutions.

Dr. Thomson observed, that such an arrangement would exclude a very large proportion of the profession from any share in the electoral privilege—members of universities, licentiates of Apothecaries' Hall, &c.

Mr. Evans would be glad to see the representative system recognised; he thought the precise mode of its adoption was of secondary importance.

Dr. Hall thought that in the governing body a relative proportion might be preserved between physicians, surgeons, and general practitioners.

It was then agreed, that the principle of Dr. Forbes's motion should not be objected to if its adoption should be considered desirable by the corporate bodies.

Dr. Macartney and Dr. Forbes being obliged to leave at this period of the business, it was deemed advisable to abstain from further discussion. The rest of the evening was occupied in reading the suggestion of the council of the British Medical Association; and it was ultimately resolved, that the secretary should convene the next meeting as soon as he should receive a communication from the Royal College of Surgeons.

Eighth Meeting of the Delegates, Tuesday, Jan. 16, 1841, *at Two o'Clock.*

Present—Dr. Forbes in the chair.

Provincial, Dr. Forbes, Mr. Ceely.

British, Dr. Webster, Dr. M. Hall, Mr. Davidson, Dr. R. D. Thomson, Mr. Evans.

North of England, Mr. Carter.

South Devon, Mr. Smith.

Glasgow, Mr. Farr.

East of Scotland, Professor Sharpey.

Professor Sharpey was introduced as a delegate for the Eastern Medical Association of Scotland, and Henry Smith, Esq., for the South Devon Association.

The minutes of the last meeting were read and confirmed.

The Secretary read a letter from the secretary of the Royal College of Surgeons, stating that the president and vice-presidents would be happy to confer with the Delegates at four o'clock this day.

A letter was read from Mr. Crosse, of Norwich, stating that he was quite unable to attend as a delegate of the Provincial Association. His name had been inserted as such without his knowledge of consent.

A letter was read from Mr. H. W. Rumsey, and a copy of clauses relating to parochial medical relief by him, was laid upon the table. Mr. Rumsey expressed a desire that they should be submitted to the notice of the president of the Royal College of Surgeons. To this the delegates felt themselves obliged to object; they were going to the College on specific business, and could not entertain any other subject.

A letter was read also from Dr. Macartney, containing his resignation of the office of delegate, on the ground that "the delegates now sitting" do not, in the opinion of that gentleman, "represent the great body of the profession; and because he cannot approve of many parts of the plan of a Bill submitted to their discussion."

A letter was read from Dr. Maunsell, to which the secretary said he had returned an answer, requesting the Irish delegates to come to London without delay.

A note from Mr. Grainger announced that he would meet the delegates at the College of Surgeons.

The statement to be laid before the College of Surgeons was then read, and unanimously agreed to.

Dr. Sharpey observed, that there were three points on which he would make a remark.

1. As to the councils which he thought should contain a certain proportion of members, chosen by the corporate bodies.

2. The examining boards; these already existing might be made use of under certain restrictions, as for example, by the appointment of assessors—the plan of the Edinburgh College of Surgeons.

3. The imposition of a penalty upon unqualified or unlicensed practitioners. To this he objected; he thought sufficient protection would be afforded if the public were to have the means of knowing who was and who was not a legally-authorized practitioner.

Mr. Davidson remarked, that the case was different as to irregular practice in Scotland and England. In the latter, irregular practice had reached a pitch of enormity which required coercive measures to be put in force for the protection of the public and the general practitioner.

Dr. Sharpey replied, that he had drawn his inference from the state of things in Scotland. He was of opinion that no medical body should undertake the prosecution of unqualified practitioners: it should be done by the state, and in an expeditious and inexpensive manner, if done at all.

Dr. Forbes reverted to the admission of a certain proportion of crown and corporate nominees into the medical councils. He thought that such a provision should be stated as being assented to by the conference, in the paper which was to be read at the College of Surgeons.

Mr. Smith thought the proposition was one made with a view to conciliate these bodies; it might be expedient, perhaps, to endeavour to disarm their hostility as much as possible; but we should first know their plans, and the extent of the conciliation they were likely to show towards the great body of the profession.

Mr. Carter thought the addition of crown nominees, if made at all, should be made to the senate, if that were to be the *qualifying* body of future practitioners; for then the public would be no less interested in their acts than the profession. The councils being appointed to regulate the self-government of the faculties, and to watch over their interests, would not require crown members; but a few persons sent from each medical corporation could hardly be objected to, if these bodies were to admit fully the principle of representation in the choice of their officers. He thought that in the course of conversation at the College, the delegates might have an opportunity of intimating that they should not, under the last condition, object to corporate representatives in the councils.

Dr. Forbes wished to know the sense of the meeting as to the insertion of a sentence to the foregoing effect.

Dr. Webster asked if it was really true that the council of the College of Surgeons were willing to admit the members to the electoral privilege?

Mr. Carter said he believed that privilege would be confined to an order of *fellows*, who were to be forthwith created, and to consist of consulting surgeons, lecturers, hospital functionaries, and so on.

Mr. Farr thought the intentions of the College should be known before anything were said about Dr. Forbes's proposition.

This seemed to be the sense of the meeting, and the subject was dropped.

Dr. Webster made some observations on the course proper to be pursued in the approaching interview at the College of Surgeons, and proposed that the short-hand writer should accompany the delegates, and, if agreeable to the president of the College, should take minutes of the proceedings. His (Dr. W.'s) object was to prevent inaccurate accounts of the interview from getting abroad.

Dr. Forbes objected to the short-hand writer being present. The very proposal would be disagreeable to the council of the College, and might create an impression in their minds that the conference were distrustful of that body.

Mr. Davidson and others having coincided in these views, Dr. Webster abandoned his motion.

CONFERENCE WITH THE COLLEGE OF SURGEONS.

The following gentlemen were then deputed to proceed to the College:—Dr. Forbes and Mr. Ceely for the Provincial Association; Dr. Webster and Mr. Davidson for the British; Mr. Carter for the North of England; Mr. Grainger for the Cornwall; Mr. Smith for the South Devon; Dr. Sharpey for the East of Scotland, and Mr. Farr for the Glasgow.

The delegates were received at the College by the president, Mr. Vincent, and the vice-presidents, Mr. Guthrie and Mr. White.

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The President having taken the chair, Dr. Forbes stated that the delegates from the various medical associations having reason to believe that certain changes were contemplated in the constitution of the medical colleges and corporations of this metropolis, and having been assured that the College were disposed to confer with them on the subject of medical reform, had requested this interview, for the purpose of learning if the council were willing to acquaint them with the proposed nature of those changes. The delegates would have no objection to state to the council the conclusions at which they had arrived on some of the main principles of medical reform. Their views were not, however, by any means unsusceptible of modification; they would be happy to receive and deliberate upon any suggestion which the College might offer, and would be glad to have the assistance and co-operation of the council in their endeavour to give effect to those principles which had been adopted almost universally by the members of the medical profession in Great Britain and Ireland.

The President said that the council had held a meeting on the day he had received the letter of the secretary to the medical conference, but that it had not been put into his hands until after the termination of the meeting. The presidents and vice-presidents of the College were empowered to receive deputations, and to confer with the government; he had, therefore, deemed it expedient to invite the medical delegates to the present interview, that time might not be lost, and that he might have an opportunity of communicating their sentiments to the council at its next meeting. He thought it necessary to explain, however, that any thing which might be said by himself, or by his colleagues, at this time, must not be considered as official; the council knew nothing of this meeting. They had for some time been occupied with the consideration of certain changes, but as these were still under discussion, it would be improper to anticipate the decision of the council.

Mr. Guthrie thought the best course would be for the delegates to state what they were in want of in the shape of medical reform.

Dr. Forbes said the secretary had come prepared to state the views of the conference on some of the more important topics connected with the subject, and on which the delegates would be happy to hear the opinion of the College.

Mr. Carter said, that before reading the statements now called for, he would take the liberty to say, that a deputation had been appointed by the Medical Association of Ireland to take part in the conference, but that they had not yet arrived, having been engaged in assisting at some reform proceedings which had lately taken place in the College of Surgeons of Ireland. Some resolutions had been passed in favour of reform almost unanimously, and the conference hoped to see the Irish deputation in a short time.

The opinions of the conference were then read.

Mr. Guthrie said, that the incorporation of the profession would operate as a dose of arsenic to the college; it would destroy its existence altogether. The first opinion of the delegates was all that need be considered.

Mr. Carter observed that, in the opinion of the delegates, an incorporation of the profession would not be attended with the result anticipated by Mr. Guthrie. The object of incorporation was to procure an electoral body from which a representative council might be chosen, to whose auspices might be committed the superintendence of those interests which had been neglected from the want of an adequate system of medical government. The College of Surgeons exercised no powers of this kind; it had no authority or control over its members, and its council could not be said to represent those members. The powers sought for the new councils were such as had never yet been performed by any existing establishment; the former need not of necessity prove destructive to the latter.

Mr. Guthrie said, the new medical body could not be erected without destroying the old ones. The college was most anxious to remove any reasonable ground of complaint which might not involve its own removal, but it did not wish voluntarily to surrender itself to death.

Dr. Webster remarked, that the establishment of the Apothecaries' Company, on its present footing, had not prevented the college receiving a much greater accession of candidates for its diploma, and consequent accession of funds, than it had received before the present charter had been granted to that company, and yet the latter was the only body in England which could enforce the possession of its licence. He thought the delegates would feel much obliged if Mr. Guthrie would state the nature of the reforms which were contemplated in the College of Surgeons; that gentleman could not be ignorant of the grievances complained of by the profession. He could assure him that the whole profession was becoming alive to the necessity of a full measure of reform. Associations were springing up in all quarters, and he thought it would be well for the college to give every attention to their representation and wishes.

Mr. Guthrie asked, what were the grievances of which Dr. Webster had to complain? He believed there was not one which the college was not anxious to see removed. It ought to be remembered, that the powers of the college were limited by its charter; it was not a governing body—it was a mere surgical establishment, and he thought it was honourable to surgery that it should have its own college. He was most anxious that this country should always have a college of surgery.

Dr. Webster complained of the conflicting and varied regulations of the several examining and licensing boards of the United Kingdom, and of the perpetual changes which were made in the curricula of study. There was no board in London which could conduct a proper examination of general practitioners.

Mr. Guthrie replied, that the sole business of the college was to examine in surgery. Those who wished to practise medicine went to the College of Physicians; those who would practise pharmacy, to Apothecaries' Hall; and those who intended to be accoucheurs, should be submitted to the examination of some other board. The president of the college was a *surgeon*; he required no examination in midwifery, and his attendance in the laboratory of his hospital gave him a sufficient knowledge of pharmacy for one who did not pursue that branch as a business. Country practitioners being called upon to practise all four departments, ought to undergo all four examinations; it did not follow, however, that he should be examined in all at one time, or under the same roof.

Dr. Webster was happy to hear Mr. Guthrie's admission, that an examination in *every* branch was requisite to form a general practitioner.

Mr. Smith thought it somewhat inconsistent that a country surgeon should have to undergo four examinations, while one was sufficient for a metropolitan consulting surgeon. It would be a great oppression if general practitioners were to be subjected to the ordeals of four boards.

Mr. Carter inquired how the fees would be regulated in such a case. Would there be four distinct payments?

Mr. Guthrie said, by no means; the college was indifferent about the fees; one moderate fee would have to be paid for all examinations. Measures were in progress to form a complete scheme of examination through the medium of the present examining bodies; but to a representative medical faculty he could not consent; it would be a deathblow to the college.

Mr. Farr said the college would be placed on higher grounds than before by the proposed change, if the council were chosen by the members. Licentiates of the new body would think it an honour to belong to the college.

Mr. Carter said, the Royal College of Surgeons of Edinburgh saw nothing incompatible with the persistence of the present corporations in the construction of a representative governing body.

Mr. Guthrie observed, that the Edinburgh College had less to do than the London, and probably expected to form the examining board for Scotland. It was different from this college; it was a college of medicine, midwifery, and pharmacy, as well as of surgery. The new board in England would examine in surgery, and it was absurd to suppose that its members would place much value on an additional and separate surgical diploma. An attempt had been made to assimilate the curricula of the London and Edinburgh colleges; but the latter would not consent to so long an hospital attendance by six months as the London college deemed requisite. They were satisfied in Edinburgh with a lower standard of acquirement; hence the want of agreement between the two colleges.

Dr. Webster said, the examination of the new board would be equal in every branch to that of any existing board. At the same time, it was quite a mistake to suppose that medical reformers wish to abolish the distinctions of consulting physician and consulting surgeon. The public required that the general practitioners should be well informed in all departments; but they had no wish to prevent any person taking a degree in medicine or a degree in surgery, provided these were not made to bestow exclusive privileges. He would not press the officers of the college to give information which they were not warranted by the council to afford; but he should like much to have some more specific declaration than had yet been made with respect to the intentions of the college. Did the council mean to admit the members to vote in the election for office-bearers? He thought the delegates were going away without having received any satisfactory insight into the views of the college. Time had been wasted so far as the procuring of definite information was concerned, although it had been gratifying to have had an opportunity of conferring with the representatives of the college now present, and of stating to them the opinion of the conference.

Mr. Guthrie said, the idea of opening the college to the election of its officers by 14,000 would be preposterous, there would be no end of the trouble occasioned by supplying them with voting papers; and what assurance had they that proper men would be chosen? A medical practitioner, in some remote part of Cornwall, would, perhaps, form his opinion of his (Mr. G.'s) character from what was said of him in print, and he would not, consequently, be chosen as a member of council. A system of representation would, be believed, be adopted, but it would be of a limited character; the electors would, perhaps, have to undergo a second and higher examination as a qualification; he had, from the moment of entering the college, been in favour of a measure of this kind.

Mr. Grainger stated, that the profession generally was dissatisfied with the college; its own members were shut out from any share in its transactions; a better regulation of medical education was required than that provided by the present institutions; the Apothecaries' Company had been praised for their regulations and for the excellence of their examinations; they had gone on increasing their curricula, but they had not protected their licentiates, and he believed that their examinations were not of a good practical character. Many of his own pupils had been abruptly treated for stating opinions which were in accordance with the most recent practical improvements. He thought the college ought to attempt to rescue the profession from the Apothecaries' Company; its present power should never have been intrusted to it, and they never would have been but for a neglect of their duty by the Colleges of Physicians and Surgeons. The profession was almost unanimous in wishing for a representative governing body, as the only remedy for the evils they now had to complain of.

Dr. Forbes thought the Apothecaries' Company should never have been intrusted with the care of medical education, or the licensing of medical men: there was an entire want of a proper board for examining candidates for medical practice, and the establishment of such a board would not be injurious to the colleges now in existence.

The President thought that the new board would have the effect of gradually destroying the old ones, and of creating but one class in the profession; he believed the high state of surgery in this country was owing to its being made a separate and distinct department, and being placed under the superintendence of its own college.

Mr. Davidson thought the college would, under any circumstances, be resorted to by persons who wished, during their professional career, to become candidates for particular departments.

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Professor Sharpey begged to make an explanation respecting the College of Surgeons of Edinburgh, of which he was a fellow; although it did require a few months shorter hospital attendance than the London college, it did not require a less ample course of study, or an inferior amount of attainment; on the contrary, the College of Surgeons of Edinburgh had taken the lead in educational improvement. He could not see the apprehended danger to existing colleges and corporations by the establishment of a National Faculty of Medicine; the association he had the honour to represent advocated the establishment of such a faculty, at the same time that it was anxious to leave the examining boards in possession of their present powers, somewhat modified and controlled by the medical council and senate. In reply to an objection made to raising the standard of education of the general practitioner, on the ground of increased expense, he would beg to remark, that an improved education did not necessarily imply a more expensive one. It was not to the injunction of still further attendance on lectures that he trusted for the desired improvement, but rather to a more judicious regulation of the course of study, and a more extended and efficient system of examinations, calculated to test the preliminary acquirements of the student, as well as his proficiency in the successive stages, and at the termination of his medical studies.

Mr. White thought the constitution of the London College of Surgeons could not be improved; he was unwilling that it should undergo the slightest alteration. It was a mistake to suppose that the council were irresponsible; they were responsible to government. True, they did not profess to examine candidates in all departments of the healing art; they were surgeons, they knew nothing but surgery; they had nothing to do with medicine or midwifery; and, as to pharmacy, they were not required to know what calomel was—its new name was foreign to their ears; they kept strictly to their own department. What was there to complain of in the college? He did not know of single defect. If such could be pointed out, he was sure the president would exert himself to effect its removal. Did not the council contain the most eminent men in the profession? Had not their funds been usefully employed? Their museum had cost £15,000; it was then small. What was it now? The wonder of every one. Then their library, which a few years ago consisted of a few volumes, now contained no fewer than 20,000. And for whose benefit had all this money been spent, and these improvements made? For the profession. The museum was open to all; the library was closed against none, although the books could not be removed from the room. The education of medical men was greatly superior now to what it used to be; their attainments were higher—their examinations better. The college had joined the Physicians and Apothecaries in framing new schemes, not because it thought itself in need of amendment, but that it might not refuse to unite with them in their views and proceedings.

Dr. Webster complained of the Apothecaries' Company. Sir Benjamin Brodie had stated to him, that the examinations of the present bodies were not sufficiently practical. He wondered that the college had never attempted to defend its members against the prosecutions of the Apothecaries' Company.

Mr. Guthrie said the company had abandoned prosecutions. There was nothing, in fact, in the shape of abuse which the three London corporations were not willing to amend; but they wished to take their own way of doing it. They were preparing a Bill to Parliament; and the only difference between their plan and that of the delegates was, that they would try to prolong their own existence, and not erect a new establishment, which was to serve *instead* of the old ones; the latter might be subservient to the proposed end.

The Delegates were glad to hear that the corporate bodies were preparing a bill.

Dr. Webster thought they might have done so long ago.

The President said, if the secretary would forward a copy of the paper he had read to the college, it should be laid before the council, and their answer should be sent to him.

Mr. Carter said, that before leaving the room he was anxious to repeat that, in his mind and in that of the other delegates, there was no wish to injure the College of Surgeons, and that its continuance and the continuance of its pecuniary means of support were compatible with the establishment of a new system of medical government.

Dr. Forbes, as chairman of the delegates, thanked the president and vice-presidents for their attendance, and said that it would afford the delegates great pleasure to see a Medical Bill emanating from the corporate bodies, but that *in the meantime* the former must proceed with their own plans of reform. The deputation then *retired*.

Ninth Meeting of the Delegates, Wednesday, February 17, 1841 *at two o'clock.*

Present—Dr. Forbes in the chair.

Provincial Association, Dr. Forbes.
British, Dr. M. Hall, Professor Grant, Mr. Davidson, Mr. Evans.
North of England, Mr. Carter.
East of Scotland, Professor Sharpey.
Glasgow, Mr. Farr.
South Devon, Mr. Smith.

The minutes of the last meeting were read.

Professor Sharpey presented a report on the Bills of Messrs. Warburton and Hawes, drawn up by the Royal College of Physicians of Edinburgh.

The College desire educational and corporate reform, but are opposed to incorporation of the profession or to representative councils.

The Secretary was requested to intimate to the registrar of the Royal College of Physicians, the desire of the delegates to confer with the president and fellows of that body.

A long conversation ensued, upon the best means of protecting existing medical corporations in any new scheme of medical legislation, and upon the course to be pursued by the conference after their expected interview with the College of Physicians.

The Secretary was desired to summon the delegates as soon as he should receive an answer from the College of Physicians.

Tenth Meeting of the Delegates, Friday, February 19, 1841.

Present—Dr. Marshall Hall in the chair.

British, Dr. Grant, Mr. Davidson, Dr. R. D. Thomson.
East of Scotland, Professor Sharpey.
Glasgow, Mr. Farr.
North of England, Mr. Carter.

The meeting was called for the purpose of appointing a deputation, to confer with the president and a committee of the Royal College of Physicians, the registrar having written to the secretary of the conference, and named this day, at half-past two o'clock, for the interview.

The shortness of the notice not having allowed the delegates an opportunity of meeting in sufficient numbers, it was resolved that the secretary should proceed to the College of Physicians, and request the registrar to procure the appointment of another time for the meeting.

This was accordingly done, and Thursday next, at three o'clock, was fixed for the interview.

It was resolved,—"That the secretary should endeavour to see Messrs. Warburton, Hawes, and Wakley, at the House of Commons, and ask those honourable gentlemen to name a day in the following week on which to confer with the delegates on the subject of medical reform."

Eleventh Meeting of the Medical Delegates, Monday, February 22, 1841.

Present—Dr. Forbes in the chair.

Provincial Association, Dr. Forbes, Dr. Cowan, Mr. Wickham.
British, Dr. Webster, Dr. R. D. Thomson, Mr. Evans.
Irish, Mr. Carmichael, Dr. M'Donnell, Dr. Maunsell.
North of England, Mr. Carter.
South Devon, Mr. Smith.
Cornwall, Mr. Pilcher.
Glasgow, Mr. Farr.

The minutes of the last meeting were read. The Secretary stated, that having failed to see Mr. Hawes at the House of Commons, he had written to Mr. Wakley, requesting him to procure a meeting of the delegates with himself, Mr. Warburton, and Mr. Hawes.

The opinions of the conference, as stated to the president and vice-presidents of the Royal College of Surgeons, were read, and discussed *seriatim*.

To Clauses 1 and 2, Dr. Cowan objected; he could not see why a new and distinct faculty of medicine was required. Why should not the present boards, after being opened to their members, and after the election of their councils by those members, be so amalgamated as to form a joint body for the government of the profession? He thought such a scheme was much more feasible than the plan of a new representative system in connexion with a general incorporation of the profession.

Dr. Webster thought it would be irrelevant to return to the consideration of this question; it had been already discussed by the delegates who had attended the earlier meetings of the conference; and the opinions thereof were now read by the secretary, for the purpose of ascertaining how far the Irish delegates were disposed to coincide with those appointed by the English and Scotch Associations.

Mr. Carmichael expressed his full concurrence in the clauses under discussion, and he believed the principle of a representative medical government was generally acquiesced in. He did not think the amalgamation of the different corporations, as proposed by Dr. Cowan, would operate beneficially; it had been attempted in Dublin, but had failed; the College of Physicians of that capital had refused to coalesce with the College of Surgeons.

Dr. Maunsell had no objection to the proposition of an incorporated profession in the abstract; his concurrence in any particular plan of carrying it into effect, would depend on the details and probable working of such plan.

Dr. M'Donnell assented to the principle in question.

Clauses 3, 4, 5, 6, 7, and 8, were agreed to.

Clause 9, relating to the interdiction of unlicensed practitioners, give rise to an animated discussion.

Dr. Maunsell objected to any coercive measures for the suppression of illegal practice, he thought that such would not be listened to by Parliament; and, indeed, that so long as medicine was an imperfect science, and many diseases were incurable, he was of opinion that it would be a most outrageous interference with the liberty of the subject, to prevent persons availing themselves of any advice they might please to take, if by taking it they could procure alleviation either of bodily suffering or of mental inquietude. It was absurd to suppose that legal enactments could put down quackery; a large proportion of legally-qualified practitioners were notorious empirics.

Dr. Webster thought that legislation in this matter was not so much required to prevent the more open kinds of quackery as the administration of patent medicines, but to protect the legal practitioner from the usurpation of his privileges by unqualified persons assuming the right to prescribe for diseases on principles which it was impossible they could have proper opportunities of understanding; he considered that if chemists and druggists were still to be allowed to act as medical men, any new legislative amendments would be of little use. The Master of the Apothecaries' Company had expressed a similar opinion, in common with himself a few days ago. The intention of the Apothecaries' Act was to prevent unqualified persons from practising, but it had failed, from the expensive and cumbrous machinery it employed in prosecuting unlicensed persons.

Mr. Carter said the meeting was discussing an opinion, not the propriety of what should, or what should not, be sought for by an Act of Parliament. He thought all must agree in thinking, that the

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treatment of diseases should be undertaken by none but qualified men. There would be no inconsistency in adopting the opinion that no unqualified person should practise the healing art, and at the same time declaring that, in the present state of the public mind, it would not be prudent to seek for a sudden and peremptory abolition of quackery by an Act of Parliament. He could not, however, see why an attempt should not be made to put down illegal practice by the strength of the law; if people were to be licensed to drive steam-carriages, was there anything tyrannical in requiring that they should be licensed to treat diseases and injuries? He thought that a paternal government might, with great consistency, after taking means to supply the whole country with well-educated and competent practitioners, take means also for protecting the public against the imposture and knavery of unauthorized pretenders. It was consistent with the spirit of English law that such protection should be provided, and he could not think that a sufficiently high standard of qualification could be generally established, if protection were not given to those who should reach that standard. At the same time, it should be the duty of government, and not of any medical body, to punish unlawful practitioners of medicine. The Eastern Medical Association of Scotland had made some admirable remarks upon the subject. It disapproved of prosecutions as they were now conducted, but thought the treatment of unlicensed persons should be by a summary conviction before a magistrate, whereby the public sympathy would not be roused in behalf of those who were brought to punishment.

Dr. Cowan was favourable to stringent measures for suppressing illegal practitioners.

Mr. Carmichael saw no objection to the legal cognisance of unauthorised practice, if the onus of punishing it were to rest with the government, and if the process were to be of a summary and inexpensive kind.

Dr. Maunsell asked for a definition of the phrase, practice of medicine; he could not see where the line was to be drawn which was to limit the practice of medicine.

Mr. Carmichael defined the practitioner of medicine to be one who receives money for medical advice. A man might recommend a certain appliance or nostrum, but he could not be said to practise medicine unless his recommendation were made a source of profit or gain.

The opinion was acquiesced in by all the delegates; Dr. M'Donnell and Dr. Maunsell objecting to the introduction of a stringent clause against quackery into an Act of Parliament.

Dr. M'Donnell thought the representations of a national council of medicine might hereafter lead to some amendment with respect to illegal practice; in the mean time it should be discountenanced by the legislature in every possible way; its suppression he thought beyond the power of the law.

Clause 9. Dr. Cowan thought the opinions herein expressed could not be carried out, the present medical bodies would be wholly opposed to being left with the limited power it would assign to them.

A long discussion ensued upon this point. Mr. Carmichael thought the hostility of existing institutions might, in some degree, be obviated by giving them a share in the appointments of the councils, and by securing to them funds for their necessary outlay.

Dr. Forbes observed that such a scheme had been discussed, and would not be opposed, if insisted on by the corporations.

Dr. Webster suggested that the National Faculty might take charge of the museums and libraries of the present colleges. The latter might be converted into scientific bodies; or form, conjointly, an Academy of Medicine.

Dr. Cowan was confident that the corporate bodies would submit to no such arrangement.

Mr. Smith was of opinion that the bodies in question would be resorted to under any circumstances; the mere licence of the National Faculty would not content a very large proportion of medical men; they would, under certain circumstances, be desirous to have the honorary title of a M.R.C.S., or a M.R.C.P. Why did persons pay large sums to be enrolled as F.R.S.? For honour, not for any substantial benefit to be derived from the society.

Mr. Carmichael was not by any means assured that licentiates of the new faculty would go to the colleges for additional diplomas.

Mr. Carter said, that under any plan which might be adopted for examining candidates' licences, the universities and colleges would still receive pecuniary emolument from the granting of degrees and honorary titles; but he could not disguise the circumstance, that the establishment of a new examining board for licentiates would materially affect the revenues of existing boards. The licence of the new medical body would carry with it greater consideration than the licence now obtained from Apothecaries' Hall. The College of Surgeons was resorted to by a majority of its members, because they were absolutely ashamed of the Apothecaries' licence. It could not be supposed that, in Scotland, after paying perhaps £20 for a licence, that many persons would voluntarily pay an additional sum to be enrolled in the College of Surgeons of Edinburgh. It would be in the construction of the examining boards that the present corporate bodies would be mainly interfered with. The opinions of the Conference stated that one board should be formed in each capital, but they purposely avoided stating how the boards were to be formed: they had left it open to the corporations to propose some plan whereby they might not be shut out from all share in the matter; and he thought it should be clearly understood that the new council and boards should not be the means of impoverishing the colleges, so as to render them unable to meet the expenses of those parts of their establishments which were useful to the public and the profession. With the exception of the College of Surgeons, none of the corporations would require a very extravagant disbursement. The College of Physicians had little to keep up in the way of an establishment; and the Apothecaries' Company, he thought, might derive sufficient revenue by having intrusted to it the superintendance of pharmacy. He did not think the latter body was deserving the commendations which had been bestowed upon it for its management of medical examinations. The preparation for the latter, and the preparation for the duties of the bed-side, were not exactly synonymous. The Colleges of Physicians and Surgeons had subjected themselves to just reproach, for having consigned the general practitioner to the dominion of a trading company.

Mr. Carmichael thought the profession would never be properly respected until medicine and pharmacy were separated. He thought it was degrading to the English practitioner that he should have any connexion with a company of trading druggists; such an union was not to be found in any other country in the world.

Mr. Evans defended the Apothecaries' Company. Before it was established, bricklayers and other artisans were the medical attendants of the sick. The apothecaries had entitled themselves to great credit by their improvement in medical education.

Dr. Webster thought it was disgraceful that the Company should have any control over medical practice. He denied that their examinations were of a practical character. He knew that candidates for the licence were sometimes subjected to rudeness and censure for being in advance of their examiners in medical knowledge.

Mr. Wickham thought that nobody had a good word for the apothecaries. They had, perhaps, done their best; but it was not proper that they should have been intrusted with their present extensive powers.

Mr. Farr thought the delegates should proceed with those plans which they might wish to see embodied in a Bill. They should uphold what was right in principle, and should not, from expediency and fear of opposition, shape their conduct with a view to please this or that medical corporation.

Dr. Forbes was entirely opposed to the powers exercised by the Apothecaries' Company.

The interview of the delegates with Messrs. Warburton, Hawes, and Wakley, was then taken into consideration; and it was resolved, on the motion of Dr. Maunsell, seconded by Mr. Farr—"That the delegates, in their expected conference with Messrs. Warburton, Hawes, and Wakley, shall endeavour to secure the cordial co-operation of those gentlemen in the introduction of a Bill founded upon the general principles agreed to by the Conference."

Dr. Forbes said that he should not, after that evening, be able to continue his attendance at the meetings of the Conference; but he would, in retiring, express his wish that other gentlemen might be animated by the example of Mr. Carmichael, and contribute funds in aid of the cause of reform. He thought the members of the Provincial Association might subscribe for this purpose.

Dr. Maunsell then proposed that a letter should be addressed to the central council of the Association, suggesting that the expenses of their delegates should be paid from the funds of the general body, and that a salaried agent should be employed in London to attend to the questions of medical reform and parochial medical relief.

Such a letter was accordingly written, and was signed by Mr. Carmichael, Dr. Forbes, Dr. M'Donnell, Dr. Maunsell, Dr. Webster, Dr. Cowan, Mr. Farr, Mr. Wickham, and Mr. Carter.

The meeting was adjourned.

UNIVERSITY COLLEGE, GOWER STREET.

On Saturday, May 1, at two o'clock, a numerous assemblage of ladies and gentlemen met at the theatre of the University, to see the annual prizes awarded to the students most proficient in medicine, and other sciences connected with it.

The Right Hon. R. L. Shiel presided, and was most enthusiastically greeted as he entered to take the chair. He said,—Ladies and Gentlemen, the object of this meeting is to distribute prizes to the gentlemen belonging to the faculty of medicine.

The distribution immediately commenced, and the following is the precise result:—

Class of Anatomy and Physiology.—Gold medal and first certificate, Mr. J. B. Carlile, Leeds; first silver medals and second certificates (equal), Mr. J. D. Heaton, Leeds, and Mr. J. E. Stocks, Hull.

Class of Obstetric Medicine.—Gold medal and first certificate, Mr. J. Waggett, Exeter; first silver medal and second certificate, Mr. F. S. Haden, London; second silver medal and third certificate, Mr. H. Walton, London.

Class of Chemistry.—Gold medal and first certificate, Mr. A. B. Garred, Ipswich; first silver ditto and second ditto, Mr. W. Allen, Macclesfield; Second ditto ditto, Mr. W. J. Edwards, Caerphilly; first ditto (prize essay), Mr. H. Allen, Second ditto (ditto), Mr. J. Thompson.

Class of Anatomy.—Gold medal and first certificate, Mr. A. Hadwin, Lutterworth; first silver ditto and second ditto, Mr. S. S. Stedman, London; Second ditto ditto and third ditto, Mr. E. Ballard, London; silver medal and first ditto (jun. class), Mr. E. Hearne, Taunton.

Class of Comparative Anatomy. — Gold medal and first certificate, Mr. J. Hadson, Huddersfield.

Class of Medicine and Therapeutics.—Gold medal and first certificate, Mr. H. Fearnside, London; first silver ditto and second ditto, Mr. B. A. Hawling, Chester; second ditto and third ditto, T. J. Blackwell, London.

Class of Medicine.—Gold medal and first certificate, Mr. J. D. Heaton; first silver ditto and second ditto, Mr. C. J. Hare, Leeds; Second ditto and third ditto, Mr. W. L. Adey, Bath.

Class of Surgery.—Gold medal and first certificate, Mr. J. B. Carlile; First silver ditto and second ditto, Mr. W. A. Hillman, London; Second ditto and third ditto, Mr. H. G. Dalton, Demerara; Fellows' clinical gold medal, Mr. J. Grainger, Brighton.

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TO CORRESPONDENTS.

A CHEMIST AND DRUGGIST. — *The real enemies of the fair practitioner are those persons who, impelled by a commercial, rather than a philosophic spirit, become nostrum-mongers, and frequently, in defiance of their better knowledge, recommend, in pompous terms, some inert or dangerous medicine to the notice of the sick, and thus encourage them to practise upon themselves a practice of the most hazardous kind; to which, indeed, the rashest trials of the most ignorant village empiric, who derives the whole of his knowledge from a well-thumped copy of some old herbalist, is comparatively safe, since, in the latter case, there is some chance that his own experience may enable him to perceive his error in time to retrieve it, and at the worst, a salutary caution would be inculcated, and a repetition of the trial avoided.*

A CHEMIST AND DRUGGIST.—*His letter shall have a place in our columns next week.*

A MEDICAL REFORMER, "in the true sense of the word."—*Do not be disheartened, abide your time; there is a small band of reformers rallying around the* flag, *who are not seeking after* places *or* pensions. *Get up as many petitions as you can, the session is drawing to a close; it will not do to depend upon Warburton, Wakley, or Hawes. We believe that Hawes and Muntz are sincere, but they are being humbugged, and the former is frightened at the druggists.*

LAWRENCE'S LECTURES *were concluded in our last number.*

DELTA.—"*Jasper Buddle is a very witty fellow:*" *he will also be a very* useful '*fellow;*' *in our future numbers you will have sketches and practice of the Paris hospitals.*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. IV.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

WE stated, in the article No. I., April 17, that the first Medical College was incorporated by Valentinian I., at Constantinople and Rome. Of those Colleges he appointed twelve principal physicians to the twelve chief districts of the Roman empire.

Vindicianus, the emperor's physician, was the first president of a Medical College on record, and it is not unlikely, in the present aspect of Reform, that Sir Henry Halford may be the last of these "bright particular stars" in the firmament of medical oligarchy. But so far from improvement having followed these aboriginal institutions, feebleness of character stamped the short career of Byzantine medicine.

After the return of the Crusaders from the Holy Land to Spain, the physicians who had witnessed the cultivation of Arabian medicine wished to see it revived in Europe, and formed the celebrated College of Salernum, or Salerno, one of the great outlets of the Crusaders, in the heroic and romantic days of Palestine and chivalry, and in their march against the Saracenic empire. This university of Salerno became the centre and emporium of science in the south of Europe. It was famed for being the first college that granted regular medical diplomas, and prescribed a regular course of education, and, besides, combined logic, a very indispensable addition with medicine. It stood only about one century. [*See Walker's and Bostock's History of Medicine.*]—It taught the doctrines of Galen and Hippocrates, but corrupted them with ignorant comments and credulous traditions. These were conveyed in the shape of precepts, in a poetical jumble called 'Schola Salernita.' This college did not permit the practice of physic without a licence. It is so far, then, a received fact that the modern colleges of our three kingdoms were modelled from those of the Lower Empire, and subsequently those of the dark and feudal times in Italy, with similar objects to commence a regular profession, and preserve and improve its doctrines. But it does not appear that they fulfilled this object, and medicine remained at a low ebb. Christianity, like Mahommedanism, introduced intellectual darkness for ten centuries.

With respect to the permanence of the College of Physicians of London, and perhaps Dublin, and the continuance of their present constitution, powers, and privileges, these bodies seem so remote from that principle of utility to the public and security to the profession, by which all classes of people, as civilization and its wants increase, measure the actual value of institutions, that it appears inconsistent with the continued progress of Reform and the liberality and spirit of the age, that the London College should remain as it is long. The grand test of comparative utility and excellence must lie in that which it is at all times possible for sound and useful institutions to effect for the public security, by enforcing a proper system of education, and promulgating laws for preserving the dignity and respectability of the profession.

The mongers of borough nomination and corruption, and the close, self-elect, and irresponsible corporations, have been compelled to resign their ancient solitary reign, and give place to innovations always inferior, in *their* estimation, to the ancienne regime. In departing to the grave of the old boroughmongers and municipal oligarchs, our colleges rejoin their kindred spirits, and as united in death as inseparable in life, sleep in sweet communion and oblivion together.

When we first published, in 1827, our comments on the London College of Physicians, before the sudden and then unexpected event of 1832, we then uttered, in print, a prediction of the future fate of the British Medical Corporations, which has had a great tendency ever since to be verified, viz., that if they did not very quickly reform themselves from within, they would either fall spontaneously by the weight of their own corruptions, or be reformed with a vengeance from without.

The College of Physicians has been tried for 319 years. Has it not failed totally in effecting the great and leading objects of its venerable founders? From those principles of selfishness in human nature, which Hobbes, Locke, Adam Smith, and other metaphysicians and moral philosophers have so well and truly developed, has it not abused power, created too exclusive distinctions to lower their quacks, and suffered the profession to be degraded by apathy, indifference, and sloth? Has it not entirely warped its course from the original direction and intention of its authors? We shall not inquire any farther at present into those principles of the human mind, which lead men to deviate from the original intentions of institutions and their worthy founders; for, in a SKETCH of the COLLEGE, we shall shortly delineate its whole acts and conduct.

When we had written much on Medical Reform in 1827-8, and went to Paris and some other metropolitan towns, to improve our knowledge and judgment upon the subject of medical legislation and polity, we met with two or three Cambridge students, who were studying anatomy and medical science generally. Like other young men, they had turned their attention to the choking state of medical competition, and conceived that the only way in which they could hope to get a recompense for the capital spent in medical education, and ensure the support of the public, was to follow the most elevated and regula mode of education. They had accordingly become members of the English University to pave their way to followships in the London College of Physicians. They conceived that ordinary graduates were thought nothing of in London, and that the only mode then left, as the public looked down upon the profession, was to attract popular notice, and make impressions on society by very superior acquirements, and high collegiate distinctions. What is singular, they calculated confidently upon the supposed increasing power and importance of the College of Physicians in the eyes of society. But for our parts, we were pretty well convinced, even at that time, before the great political changes, that the College was not so fixed and secure as these young men thought in public estimation, though in the eyes of classes and coteries it had risen from the disgust excited by the number and stamp of the thousands of all sorts of men who crowded London, the last refuge of the superfluous in everything. — This apparent tendency to recovery and revival, this semblance of a renovated influence over the country, we could not persuade ourselves, though the College has since boasted of a green old age, was any other than a lucid interval after the confirmed decay of most of its faculties—indeed, a mere "lightening up before death;" a subject with which the learned President, Sir H. Halford, in his Evening Orations, so ominously opened its proceedings about that time. In spite of these hopeful signs, and the effect of some small contemporaneous measures of a more conciliatory kind, we could not for the world but think that the excessive pride and arrogance of a corporation as useless, as illiberal, and as exclusive, if not more exclusive in all its history than any that was ever constituted, was destined soon to receive a heavy blow and great discouragement, having, upon all occasions, for 319 years, prevented the general adjustment of the profession, upon a liberal, broad, and compre-

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hensive basis, in external constitution and laws, and of honour and respectability in its system of moral order and discipline.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXI. (CONTINUED.)—HOW SWUBS AND OKES SPED ON THEIR JOURNEY.

THERE are many less amusing methods of killing time for the idler at Boulogne than watching the departures of the rival diligences for Paris at nine o'clock in the morning from their various offices in the Rue de l'Ecu. All is bustle and excitement; and the lumbering forms of these comfortable vehicles, (for, let travellers say what they will, the diligence *is* very comfortable,)—their motley crowd of passengers jabbering every language in Europe—the rough appointment of their harness—the dresses of their postilions and conducteurs, and the running accompaniment of extraordinary oaths, altercations, and apparently violent wrangling, without which the French can do nothing, and which attends the loading of the machine—these things, all at one and the same time combined, form a scene so thoroughly Continental, that it cannot fail to strike the most apathetic by-stander, and engage his mind with no small degree of interest.

The morning was fine, the sky clear, and the street was filled with a bustling throng, who were collected into denser clusters round the *bureaux* of the *Aigle* and *Hirondelle*—the designations of the two diligences which start every morning from Boulogne to the French capital for their respective offices in the Place de la Bourse, and Rue St. Honoré. At each point the conducteurs were calling over the names of the passengers from their list, and marshalling them into their respective places; and at each point the same farewells and embraces were going on.

There are few, very few indeed, in this migrating age, who have not seen a diligence; probably not one in fifty. I will, however, describe its form for the benefit of that one, if such there be, and the remaining forty-nine may skip the paragraph if they please, or, on the other hand, read it through, to be a check upon my chronicles, and see that Jasper Buddle tells no lies to deceive the untravelled. A diligence, then, is a compound vehicle divided like the pleura into three mediastina—an anterior, middle, and posterior one, which are respectively called the *coupé*, the *interieure*, and the *rotonde*, and are fashioned as if adhesive inflammation had been set up between a post-chaise, the body of a coach, and a box-cab that held four, and had firmly connected them all together. Over the post-chaise, or *coupé*, is another compartment, the *banquette*, or *cabriolet*, which sends off a process for the seat of the conducteur, and from its roof an aponeurotic extends downwards and backwards to cover luggage, which is also fixed more firmly down by the *cordæ tendinæ* of black leather.

A quarter of an hour before the appointed hour of starting, Okes and Swubs were at the office of the *Hirondelle* full of spirits at their anticipated journey. Their places had been taken in the *banquette*, which as well as the cheapest, is by far the jolliest place to travel in, and they were now only waiting until their names were called over, to mount and take their places. Mr. Swubs had stowed a bottle of brandy, and another of vin ordinaire in each of the pockets of his pea-jacket, and Mr. Okes carried a large raised pie, (which he had just purchased at a shop close at hand,) together with some German sausages which things were to form their sustenance during the journey, and thus very properly and economically they intended to save the expense of an uncomfortable and hurried meal at the various hotels on the road.

"I think a man ought to ensure his neck before he gets up into this cockloft of a place," said Swubs, as he answered to his name, and climbed up the series of stepping-places that led to the banquet.

"Never mind your neck," replied Okes, "but take care of the brandy. Are you all right and comfortable?"

As Swubs answered in the affirmative, his friend continued—"Take the pie whilst I get up, and put my coat on the seat; it will be very cold towards evening, and we shall be glad of it. Here goes."

Whereupon Okes ascended to join his companion, somewhat after the fashion of the bear at the Zoological Gardens, when he sees a bun at the top of his staff. They next deposited their provisions, or "stowed away the grub and swizzle," as they emphatically denominated it, in the space under the luggage tarpaulin, which Swubs was pleased to call the *antrum highmorianum*, and then drawing up the apron, settled themselves in order for starting.

The passengers were all in, the luggage well-secured, and the postilion having, by some very peculiar process, contrived to collect the reins from all the six horses into one hand, the conducteur first threw up his portfolio containing his way-bill, and then got up after it, and the lumbering machine moved on, to a tune from the conducteur's horn, which Okes identified as being the celebrated air which had caused the death of some cat in the dark ages, until Swubs assured him that he laboured under a mistake, and that the piece was Jack Robinson played backwards with the chill off. Then Okes kissed his hand to all the women at the windows, and Swubs nodded with great familiarity to the men in the street; after which they borrowed the horn and performed a concerto of their own thereupon, which was a more extraordinary performance, if possible, than the conducteur's, particularly the wild note of savage defiance which Okes blew at a gendarme who was standing at the corner of the Grande Rue, and by which the foreign crusher felt grievously insulted, the more so, as Swubs accompanied it by taking a double sight at him, preparatory to rattling his hand in his hat, as if his object was to frighten him away, in the same style as if he was endeavouring to excite a sluggish donkey to go faster. These amusements lasted until they got clear out of the town, when they simultaneously produced their pipes and began to smoke, having thrown their lighted lucifer behind them amongst the luggage, which almost brought about the conflagration of the whole concern.

Before long, they had left Boulogne behind them, and were now fairly upon the Paris road, with little to attract their attention, or withdraw their contemplation from the diligence and its occupants. The conducteur had also lighted his pipe, and the postilion was humming a song which appeared to have neither tune, words, beginning, nor end, but with which he seemed greatly delighted. Every village they passed, when there was any French written up on the houses or shops, Mr. Swubs pulled out a pocket dictionary to find the translation of the words, and take what he termed a grind at the language, and Mr. Okes, who aspired a little higher, was refreshing his stock from a conversation book, so that between them, by the time they got to Montreuil, they found that the oft-repeated inscription "*On loge à pied et à cheval*," meant "good accommodation for man and horse,"—at least this was the English they put to it.

"I wonder what time we shall get to Paris?" observed Swubs, as he tapped the ash out of his pipe over the side of the diligence, to the great comfort of the people in the coupé, who had the window open, and consequently received it all in their eyes.

"I don't know," replied Okes; "ask the conductor."

"I think I see myself," returned the other. "Let's look in the book and find out how to inquire."

So searching the dialogues through and through, Mr. Swubs at last hammered out, in the same tone as I have here described—

"Ah kel oore arriverong news ah Parry, moussoo?"

"About half-past eight to-morrow morning, Sir, or perhaps a little earlier," replied the conducteur, in pure English, to their great astonishment.

"What a regular sell!" laughed Okes; "I thought he was a Frenchman.

"No, Sir, I am not," returned the conducteur; and indeed he looked too jolly and good-tempered for one.

"Are you an Englishman then?" asked Swubs.

"No, Sir, I am Dutch—that's my name," and pointing to his portfolio, he showed them the name "Vanneck." "Are you going to stay long in Paris?" he continued, after a moment's pause.

"Five or six months," answered Okes. "We are going to study anatomy."

"There's great opportunities there, Sir," observed the conducteur, "to study everything, and at a cheap rate. I've travelled many years now with Laffitte and Caillard's diligences, and it is astonishing the number of gentlemen as goes to Paris to dissect; and when they come back again, they all say how cheap it is compared to London."

"I know this," observed Swubs to Okes, "that our college examiners are a very wide awake set of fellows not to receive French certificates. There would not be many pupils left in London if they did, when they can attend a course of lectures upon practical surgery in Paris, and perform all the operations twice over upon the dead body, for a guinea."

"I think some of the lecturers in London, however," replied Okes, "are so enthusiastic in their profession, that sooner than allow 'reduced fares' to draw the pupils from their schools, they would lecture for nothing."

"Devilish few of those," returned Swubs. "Lord bless you, Okes; enthusiasm is at a very low ebb in our profession. It almost went out with Hunter, and has only been caught hold of since by those whom good luck and well-seized opportunity encouraged to put it into their heads."

"And yet in the introductory lectures how they dwell upon the delights of the profession."

"Oh, that goes for nothing. The end of all our labours is to get tin, and that is the aim of the lecturers as well. They are, to my mind, a company of respectable actors, because they have to learn up a great deal, and repeat it over and over again before various auditors. This furnishes an income, and if we are indebted to them for information, they owe us their thanks for providing them with the means of paying their rent, water-rates, dinner parties, butchers' bills, and children's school accounts."

Having delivered himself of these opinions with the air of an oracle, Mr. Swubs took several important whiffs at his pipe, and then routing out the bottle of vin ordinaire from under the seat, drew the cork, and applying the neck to his mouth, imbibed a considerable portion of

its contents, after which he appeared considerably relieved, and entertained his companions by indulging in a song concerning a certain pilot who, upon a fearful night, persisted in ordering a refractory passenger to go down below instead of pacing the deck.

It was between two and three o'clock when they arrived at Abbeville, where the greater part of the passengers got down to dine. Our friends, however, remained in the *banquette*, and contrived to make a tolerable meal off the pie and German sausage, with some bread, which Swubs volunteered to go and buy—an adventurous crusade, considering his knowledge of French, which nothing but the effects of the vin ordinaire could have inspired. He, however, succeeded in his errand, and returned in high glee at the success of his enterprise.

"I looked in at the dining folks as I came along," said Swubs; "I should think we are in the right box, though we are up here."

"What have they got?" inquired Okes.

"Rummy soup—made of hot-water and lamp-oil shook together. Then there were two fowls, one quite blue, and the other burnt to a cinder, and a cœcum stuffed with chopped placenta."

"A what?" cried Okes, in accents of excessive horror.

"A cœcum—you know what it is. Then I think there were some boiled hydatids, but I'm not quite sure as to that. I know though, there was some pancreas at the end of the table, and something in a cyst, but it looked very unwholesome and carcinomatous."

They concluded their dinner, and then amused themselves by pelting the beggars who swarmed about the diligence with the crusts of bread, until the horses were once more put to. The remains of the pie were stowed away for supper, the wine-bottle replenished, by the assistance of the conducteur, at the shop of a neighbouring *Marchand des Vins*, and they were again moving on their journey.

ROCKET.

(To be continued.)

A TABLE OF MORTALITY OF THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 24th April, 1841:—

Epidemic, endemic, and contagious diseases	139
Diseases of the brain, nerves, and senses	161
Diseases of the lungs, and other organs of respiration	294
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	7
Childbed diseases of the uterus, &c.	10
Diseases, of the joints, bones, and muscles	1
Diseases of the skin, &c.	0
Diseases of uncertain seat	106
Old age, or natural decay	69
Violent deaths	26
Causes not specified	2
Deaths from all causes	906

The Members of the Parisian Medical Society gave their Annual Dinner on the 3rd ult., at the *Cadran Bleu*, Boulevard du Temple, at which Dr. Mott, of New York, the President of the society for the present year, took the chair. Amongst the invited guests were M. Orfila, the Dean of the Faculty of Medicine, of Paris; M. Louis, and M. Piorry, Professor of the Faculty of Medicine. Also with other distinguished gentlemen who took a warm and lively interest in its scientific proceedings, were Sir A. West, M.D., M. Ricord, Drs. Rutherford, Douglas, Shrimpton, &c.

CLINICAL LECTURE,

Delivered at University College Hospital. By SAMUEL COOPER, Esq., Senior Surgeon to the Hospital, &c.

GENTLEMEN,—It seems to me, that, in the generality of works on surgery, you will not find the diffused popliteal aneurism described with all that care and accuracy which the importance of the subject demands. On this account I am glad to avail myself of the opportunity, which the case of Jeremiah Tomkins affords, to call your attention to the diagnosis and treatment of a form of aneurism which is often followed by the loss of the patient's limb, or life.

CASE I.—*Diffused Popliteal Aneurism.*—Jeremiah Tomkins, æt. 35, admitted under Mr. Quain, Oct. 15, 1840, a labourer in the coal trade, and accustomed to drink freely.—About five weeks previously he first noticed a swelling towards the inner and back part of the thigh, and about the junction of the middle with the lower third of this part of the limb. It throbbed and was tender, notwithstanding which he did not desist from work until a fortnight before his admission.—The swelling continuing to increase, he now felt pain in his knee, extending down the back of his leg to the ankle and foot, and also up to the hip.—Three days ago, he observed an increase in the swelling of the parts about the knee, especially in the popliteal space, but extending down to the ankle and foot, and attended with numbness and inability to move the leg.—The following was the state of the case on the patient's admission. In the popliteal space, or rather just above this, and over the course of the femoral artery, was a hard firm moveable mass, discoloured over a portion of its surface, and marked by enlarged superficial veins. The patient experienced throbbing pain in it; the leg was considerably swollen, the foot benumbed, and the knee, which was stiff, was the seat of a pricking sensation. The patient, before his entrance to the hospital, had been salivated, on the supposition that his complaint was rheumatism. The patient still imagining that his disease was rheumatism, placed himself under Dr. Williams, but was transferred to the care of Mr. Quain on the 17th, as soon as the case had been ascertained to be a secondary diffused aneurism. The original circumscribed aneurism was situated at the commencement of the popliteal artery, and the swelling of the limb below this point, and especially in the popliteal space, had augmented very much during the last two days. The tumour, which was tender, and painful on pressure, could be felt with the hand to be attended with a weak pulsation in it, and I observed some livid discolouration of its surface. When the leg was touched or pinched, the patient was scarcely conscious of what was done, so great was the degree of numbness in it.—Directly I placed my hands upon the swelling, I remarked to Dr. Taylor and Mr. Morton, who were present when I first saw the case, that its solid feel at once made me certain that the case was not an abscess; and that the view which had already been taken of its true character was a correct one—a point which, had there existed a shadow of a doubt, would have been rendered perfectly clear by the history of the swelling; its throbbings in the early stage of it; its sudden increase when it became diffused, and the reduction in the force of the pulsations accompanying this latter very important change. Then another sign, particularly adverted to by Mr. Morton, was the sensation imparted to the surgeon's hand when it was applied to the swelling, at the moment of pressure being removed from the artery in the groin, for then the fresh and sudden rush of blood to the tumour could be distinctly perceived in it, leaving no doubt of the swelling arising from, and communicating with the artery. This is one criterion, which, when the pulsation is feeble and obscure, deserves well to be remembered, though I do not know that any distinct notice has been taken of it in works of surgery, with reference to aneurism attended with extravasation of blood. Yet it is a circumstance of great value in elucidating the diagnosis.

For reasons which I shall presently explain, a popliteal aneurism in this stage is one that does not admit of delay, and therefore, after a few minutes' consultation, the operation of tying the femoral artery was performed by Mr. Quain, at one o'clock.—The first incision began about two inches below Poupart's ligament, and was continued downwards three inches. As the lower part of the wound exposed some of the effused blood, the artery was dissected down to in the higher part of it; and the fascia lata and sheath of the artery having been opened, the ligature was applied. The man was afterwards removed to bed; and the limb having been placed on an oblique plane, so as to facilitate the return of the venous blood, it was next covered with blankets, to maintain its temperature and promote the circulation.—As soon as the oozing of blood had ceased, the wound was closed with sutures and isinglass plaster.—18th. Temperature of the limb below the aneurismal tumour found to be higher than that of the opposite limb, or than what it had been before the operation. The discolouration from the extravasated blood increased. Pulse 135; no appetite; bowels open; pain in the groin, in the course of the artery, and in the popliteal space, with a pricking sensation in the leg. Tumour less tender.—19th. Has slept well; pulse 120; general swelling less.—20th. Edges of the incision nearly united; but there is suppuration in the deeper parts around the artery, some puriform fluid having been pressed out. The temperature of the limb 88 just below the wound, 86 at the sole of the foot, and 90 in the opposite limb.—Some castor-oil prescribed, to open the bowels; and the following medicine, which the patient had been taking, was continued:—

R. Potassæ Bicarb. 3iv.; Acid Tart. 3iiss.; Vin. Ant. Tart. 3ss.; Aq. 3xij. Ft. mist. Cochl. magn. ij. alternis horis sumend.

21st. Pulse 102; sensibility in the limb somewhat improved; no pain, not even on pressure; tumour diminished.—25th. Œdema of the leg has disappeared, and the circumference of the thigh, where the aneurism is situated, measures less, by one inch, than on the day of the operation; the temperature and numbness not altered since last report; discharge from wound lessened.—Nov. 3rd. Ligature came away.—15th. Limb bandaged, and compress applied over tumour. Swelling decreasing slowly; sensibility of limb perfect again; wound healed; health undisturbed.—25th. Bandage thought to be serviceable in promoting the absorption of the effused blood.—Nov. 30. On removing the bandage, a slight discolouration observed over the instep, about the size of a shilling; also two or three smaller spots over the upper part of the tibia. These, it is reported, had certainly been produced by the pressure of the roller.

Limb to be kept more elevated, and all pressure on the discoloured parts to be prevented with pads of lint suitably arranged.

Dec. 5. The discoloured spots have now become open sores, to which the water dressing is applied. Bandage discontinued.—25th. Swelling nearly all gone, without further use of bandage. Ulcers healed.—31st. Bandage has been applied again during the last two days; patient sits up two or three hours daily; a slight hard-

ness the only vestige of the original disease.—Jan. 13, 1841. Since last report, two sloughs have occurred on the great toe; one on the upper part of it, the other over the tarso-metatarsal articulation; and perhaps ascribable to the effect of the severe weather, as they formed after the bandage had been for some time discontinued. Water dressing applied.—**30th.** Slough near extremity of toe has been detached, and the ulcer is left superficial. A portion of the other has also separated.

REMARKS.—This case affords a very good illustration—

1st. Of the symptoms of a diffused popliteal aneurism; the sudden increase of the swelling on the sac giving way; the discolouration of the skin; the solid feel of the tumour, caused by the blood; the numbness and pain in the leg and foot; the œdema; the feeble and obscure pulsations; the thrilling sensation communicated to the surgeon's finger on removing pressure from the artery in the groin; all these points were open to your remark.

2dly. Of the prudence of operating under such circumstances without delay; for if time had been lost, on the old and exploded notion of waiting for the enlargement of the anastomosing vessels, the quantity of blood, effused in the cellular tissue of the limb, would soon have become greatly increased, and the circulation so much impeded from this cause, that gangrene would have been the consequence, attended with the loss of limb, or even of life. At all events, you may depend upon it, that the risk of the occurrence of mortification is very much in proportion to the extravasation in the cellular tissue, which state, joined to the impediment to the due supply of blood in the leg, caused by the aneurism itself, must be, in every point of view, disadvantageous, and a source of peril. In a case which I attended in private practice, where the effusion of blood into the cellular tissue, from a very large popliteal aneurism, was four times as copious as in this instance, the limb was speedily seized with mortification, and the patient's life was only saved by amputation. Here, indeed, the sac gave way on the side towards the popliteal space; the blood gushed suddenly into the cellular tissue in prodigious quantity, so as to fill and distend nearly the whole of it, from the lower part of the thigh down to the heel. In fact, there was a large quantity of extravasated blood on each side of the tendon of Achilles.

3dly. The case which you have had the opportunity of studying will also teach you to avoid making pressure on the limb with a tight bandage after the operation; as it is apt, like anything else that tends to obstruct the free return of blood in the weakened state of the circulation in the limb, following the operation, to cause sloughing and ulceration. Fortunately, in the case before us, such mischief was only superficial, and not of serious consequence.—The bandage was applied in consequence of the very slow progress in the absorption of the effused blood. The ulceration produced by it over the tibia and tarsus, however, was confined to a small extent, and of little importance. The most troublesome ulceration occurred near the end of the great toe; but as this came on during the intensely cold weather of January last, and some time after the bandage had been removed, the latter probably had no share whatever in its production. The plan of keeping the limb in a comfortable temperature, and with the foot and leg raised on an inclined plane, to favour the return of venous blood, was, on every account, right and judicious. The decision with which Mr. Quain proceeded to the operation without the least delay, and the skill with which he executed it, were the means of saving both life and limb.

CASE II.—*Dislocation of the fifth Cervical Vertebra on the sixth, without Fracture.*—You know that a dislocation of the dorsal and lumbar vertebræ, unaccompanied by fracture of the bodies or articulating processes of those bones, is prevented by various anatomical resistances, especially those arising from the size, shape, and direction of the articulating and spinous processes, and the strength and tightness of the ligaments. But, in the cervical portion of the spine, such an accident is occasionally met with. The complete form of it, however, as distinguished from a displacement of an articular process of one side, is so rare, that the following case well merits your attention.—John Green, aged 51, admitted Dec. 18, at half-past 7 P.M., under the care of Mr. Quain. About 22 hours previously, whilst carrying a sack of coals, he slipped backwards from the step of a door, and his neck came against the edge of the step. The man was unable to rise, his lower extremities being almost completely paralytic; and he felt "sensations of pins and needles" in his upper extremities. The paralysis of the lower limbs increased, and at 12 o'clock P.M. his breathing became difficult; and, at a later period, he found himself unable to cough. His bowels have not been acted upon; he has been bled twice; and his urine has been drawn off with a catheter. On admission, he complained of sharp and aching pain about the sixth cervical vertebra; there is no external mark of injury or crepitus to be perceived, and no apparent displacement. His mental faculties are unimpaired; pulse 54, rather full, but soft; respiration 22, and wholly diaphragmatic; he speaks with an effort, his respiration then becoming more hurried, and he is almost unable to cough. His abdomen is somewhat tympanitic. His whole surface is of the natural temperature. The power of sensation in the upper extremities is much impaired, but that of the head and neck, above the clavicles, remains perfect. In descending from this point to about the ninth rib, it becomes less, and is here completely lost, the remaining part of the trunk and lower limbs being wholly paralysed. The loss of sensation extends somewhat higher posteriorly than in front. The loss of motion has a corresponding extent and degree; some power over the movements of the upper extremities still continues, but the man cannot direct them accurately, as if the action of some muscles was completely paralysed. The parietes of the chest, except the diaphragm, are quite immoveable. His bladder is not distended. He has no priapism, nor seminal emission. He was placed quietly in bed, and some mild stimulants were administered to him.

9 o'clock.—He is restless, and desirous of changing his position; his breathing more difficult; pulse slower; he is very desirous of drink, which he swallows with facility. In this condition he remained until half-past 4, when his breathing became more difficult, and he passed a very copious stool. He died at half-past 6, 34 hours after the accident.

Examination of the body ten hours after death.—No external mark of injury. On cutting down to the cervical vertebræ, some blood was found extravasated between the muscles. The fifth cervical vertebra was found dislocated forwards on the sixth, the articular processes of the former having passed in front of those of the latter. The capacity of the spinal canal was greatly diminished, the cord compressed, and blood effused into its substance. The nerves passing out between the fifth and sixth vertebræ were compressed; the anterior common ligament was stretched, and partially torn; the intervertebral substance was entirely torn from the body of the sixth vertebra; the articular ligaments were lacerated; the supra-spinous was entire, but stretched; the ligamentum subflavum was torn, and partially detached; the blood throughout the body remained fluid, and occupied chiefly the venous system. The lungs were generally emphysematous in feel and appearance; there were some points of ecchymosis in their substance; and the bronchi contained a great deal of frothy mucus. There were also some spots of punctiform and stellated redness in the course of the intestinal canal. The particulars now explained, including the symptoms during life, and the post-mortem appearances, cannot fail to interest every student desirous of gaining a knowledge of the accidents to which the spinal column is liable. This is the second example of a complete dislocation of the cervical vertebræ, unaccompanied by fracture, which I have witnessed within the last six or seven years. By the favour of a gentleman, formerly attending my lectures, I was enabled, a few sessions ago, to exhibit to the surgical class of University College, a specimen of a complete dislocation of the middle cervical vertebræ, without fracture. The man from whom it was taken was killed instantaneously, by his head being forced against the top of a gateway, as he was sitting on an omnibus, which was going along at a rapid rate. The body was conveyed to the Middlesex Hospital. In the late Mr. Howship's museum might be seen another example of a complete dislocation of the cervical part of the spine without fracture.

CORRESPONDENCE.

CHEMISTS AND DRUGGISTS *v.* QUACKERY.

To the Editor of the 'Medical Times.'

SIR,—In a former communication of mine, which you were so kind as to insert in your Journal, I endeavoured to prove that the Chemist and Druggist of the present day was not the Quack the profession generally consider and represent him to be; and with this I should have contented myself, and not have presumed to enter the field again, had I not observed that specimen of a chemist's assistant, in his answer to an advertisement, which it appears was in the 'Manchester Guardian,' a copy of which a subscriber has so obligingly furnished you with; it is indeed a curiosity, but by no means a solitary one, and however questionable the motives of your subscriber may be in sending so paltry an affair to be noticed by you, he cannot but agree with me, that the individual in question must be a man of *considerable practice*, in fact, a *clever fellow*; and I, for one, do verily believe that the united and collective wisdom of the physicians, surgeons, and apothecaries of Great Britain, would not be able to turn out a gentleman with so many and great capabilities.

For only think, Mr. Editor, what a man he must be who can *set limbs*, and *bleed*, and sell sugar and tea! Taking it for granted, then, that he, as well as many more of his tribe, is very clever, a very great ornament to the profession to which he by *right belongs*, and *probably* very useful to society at large, I will take my leave of him, and ask you, my good Sir, a very, *very* plain question, viz., What *is* Quackery? how do you define it? where does it commence, or where terminate? If it is what I suppose it to *be*, I maintain that the whole medical profession is one entire system of Quackery, else, why the many and conflicting opinions upon the same subjects? Why do so many who are *regularly licensed to kill*, adopt the self same means to obtain notoriety and a living as the very Quacks they are now so strenuously denouncing? These are simple

questions truly, and much easier asked than answered; I will, therefore, just give you my opinion as to who are the *real* Quacks that require exterminating, and that too as soon as possible. Firstly, I will direct your attention to the hundreds, nay, I might say thousands, who do not keep shops, or vend drugs at all, but who take a private house, place their names, with 'Surgeon, &c.,' upon their doors, and commence practice, regardless of consequences, who give evidence at inquests, and, in fact, do all that the most legally qualified man could, or would do, and that too without ever having made their appearance in a lecture or dissecting-room! Then next in order comes the accoucheur, the man *wot* attends labours for half-a-crown, or anything else he can get, sacrificing the lives of thousands annually, no doubt; and then last and greatest, the real and most undoubted Quack of all others, the man who travels from town to town in his carriage and pair, with his couple of servants in splendid livery, and all the et ceteras belonging to one of his high estate; (a glaring instance of this I could furnish in the persons of two Jews, who but a very few years ago were glad to tramp the country, "wid their shops about their necks;") these. I say, coupled with the intolerable vermin who literally swarm in every large town (the venereal advertising gentry), who thrust their disgusting statements into the hands of every one who may feel disposed to receive them. These are the evils of which the profession and the public have more particularly to complain, and which require the more immediate removal; let these be exterminated root and branch as soon as possible, but let not the same sweeping measure extend to the chemist and druggist; he is a being of a different race; he is no vile trafficker in human blood; he quietly (for the most part) prescribes behind his own counter, and rarely oversteps this prescribed boundary; (of course I do not here intend to include that peculiarly constituted personage the counter-druggist surgeon—a law will be especially required to meet his views, I opine;) therefore, in place of extinguishing him altogether, I cannot but think it ought to be the wish of the profession rather to protect and elevate him, for no one of any standing could or would either shrink from or object to a necessary qualification being required of him, and indeed it would be well for him if it were so, for he would then be protected from those who are utterly worthless now in the trade. If the medical men of this kingdom are determined to have a Reform, why not the whole unite for this once at least, and concoct a Bill upon broad and liberal principles, and then they will not only protect their own interests, but elevate themselves, and all connected with them, to that rank and consideration in society to which they are so justly entitled.

In conclusion, I would beg leave to observe, that I have been induced to make these few remarks solely for the purpose of attempting to convince those professionals who may happen to peruse this, that it is not the chemist and druggist they have so much to complain of as the vermin already alluded to; if a law can be so framed whereby *he*, as well as the medical man, can be protected, *neither* will have cause to oppose the other; but so long as any one, however ignorant, is permitted to sell drugs, and other things which ought to belong exclusively to his calling, so long will he be justified in accommodating himself to the state of the times.—I have the honour to be, your's very respectfully,

A Counter-Druggist Surgeon.

MEETINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.—April 19, 1841.

Dr. Clutterbuck, President.—Mr. Roberts read a paper on hypochondriasis, chiefly with the view of showing that the *fons et origo* of the affection is situated in the brain and nervous centres, which are in a state of exhaustion, and that the affections of the digestive organs were merely symptomatic of, and not necessarily present in, the disease. In regard to the treatment, he placed little dependence upon purgatives; mild tonics, cold affusion to the head, and horse exercise, were the most likely means of affording relief to the depressed condition of body and mind.

As no discussion followed this paper, Dr. Chowne related a case of very early Cadaveric Stiffening.

April 26, 1841.

THE GRAVE-YARDS OF LONDON, AND THEIR EFFECTS.

Dr. Clutterbuck, President.

Mr. Hutchinson related the following case. He was called on Monday morning, the 15th of March, to attend a girl, aged 14, who was suffering under the following symptoms:—Pulse 130, weak, and easily compressed; tongue dry, and covered with a dark-brown fur; skin burning hot; breathing much oppressed. She complained of great thirst, of pain in the head and back, and soreness over the extremities; there was extreme restlessness and prostration of strength; great anxiety of countenance, and low, muttering delirium; bowels costive; urine high-coloured. In fact, she suffered from all the symptoms of typhus gravior, or putrid fever, in a formidable degree. Leeches were immediately applied to the temples; saline medicines were administered internally; and vinegar and water applied to the head. The next morning, the 16th, she had passed a bad night, but the pain in the head was much relieved. The other symptoms were nearly the same. A blister was applied to the nape of the neck. On the 17th she had passed a better night, but still complained of soreness over the body and extremities. A drachm of vinum colchici was added to her saline mixture. In the evening her catamenia appeared for the first time. On the 18th she was much better, but complained of a troublesome cough, which left her in the course of a few days, and she then gradually recovered. On the 30th, Mr. Hutchinson saw her again; a rash had a few days previously made its appearance, much resembling the nettle-rash, and attended with intense itching over the body and extremities. This was relieved in less than a week by warm bathing, and the use of some saline aperient; but it has continued more or less until the present time.

Upon inquiry into the previous history of this case, Mr. Hutchinson learnt from her mother, a pew-opener, that the patient had recently returned from school; and on the Friday previous to his seeing her, had assisted, during three hours, and on Saturday during one hour, in shaking and cleansing the matting of the aisles and pews of a large city church; that this work was generally done once in six weeks; that the duet and effluvia which arose had a very fœtid and offensive odour, very unlike the dust which collected in private houses, and had the effect of always making her (the mother) ill for at least a day afterwards; and that it used to make the grandmother of his (Mr. H.'s) patient so unwell, that she was compelled to hire a person to perform her duties. His patient felt poorly on the Friday after her exertion, and complained of severe rigors, pains in the head, and other symptoms of fever. The church in question was situated in the centre of a small burying-ground, which had been used for the interment of the dead for centuries; the ground was raised much above its ordinary level, and was strongly saturated with the remains of humanity. There were vaults beneath the church, and persons buried in them had their coffins leaded.

In this case Mr. Hutchinson had thought that the fever had arisen from an animal effluvia which had collected in the mats, and had come into contact with his patient during the time she was assisting in shaking them. She had, however, previously been exposed to cold, and had used large quantities of water in washing out the church, but he could scarcely think it possible that so severe and so rapid a disease could have arisen from cold alone. He should be glad of the opinions of the members in reference to the influence which the effluvia had in the production of the fever. A lady he knew, who was in the habit of visiting the church in question, had always headache afterwards.

Mr. Pilcher thought the facts detailed were of so much importance, that it was the duty of Mr. Hutchinson to communicate them to the Home Secretary, who was at present engaged with a Bill, having for its object the better drainage of the metropolis, the churchyards of which were also in such a defective state, that it would be of great service to the community if burials within the metropolis were altogether done away with. Mr. Hutchinson's case was but a solitary one, but it corroborated other facts of a similar kind which had been brought before the public, all tending to show the danger of burials in crowded neighbourhoods. He thought that the effluvia from the mats had been sufficient to produce the fever.

Dr. Johnson thought that in Mr. Hutchinson's case there was not sufficient evidence to show that the fever was the result of the mat-shaking. If the effluvia supposed to have collected in the matting were likely to be injurious, it was more probable that it would exert its influence on the people who frequented the church, when there would be also present the effluvia from living bodies, and an increase in the temperature of the building; the case of the lady referred to by Mr. Hutchinson was by no means an uncommon one; he (Dr. Johnson) had seen many such cases, both in the visitors to the church and the frequenters of the theatre, or other crowded assemblies. He could not think that the effluvia from dead animal matter alone produced fevers, if it did, why did not fevers originate in the dissecting-room?

Mr. Dendy thought that every philanthropist would be anxious to adduce evidence that might tend to do away with burials in cities and towns, and to the removal of bodies to cemeteries on the outskirts. The case of Mr. Hutchinson was an addition to the many given to the public by Mr. Walker, in his work on Grave-yards. Although he (Mr. Dendy) did not admit that animal effluvia could produce fever by itself, in all cases of which he thought there was a predisposing cause, such as depression at work, yet he could not think that there was any parallel to be drawn beween the effects of the effluvia of the dissecting-room and those of the grave-yard; there was abundant evidence to show that the latter were highly injurious.

Dr. Johnson referred to the removal of the bodies from the sepulchre of the Innocents at Paris, from which no ill effects followed.

Mr. Denby was not aware that no ill effects

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had followed the proceeding alluded to, but he was fully aware that precautions were taken to avoid evil consequences, which would, moreover, be prevented by the absence of fear in the persons employed. When the plague raged at Malta, the courageous governor and a party of soldiers removed the dead bodies with impunity; whilst others, more fearful, took the disease.

Mr. Pilcher said that a great quantity of adipocere surrounded the bodies which were removed from the sepulchre of the Innocents, and hence any effluvium was prevented. The dissecting-room did seem to originate fevers, for towards the end of the session fever was by no means uncommon among the students; it was true, however, that many of them were in a depressed condition from over-work, a peculiar mode of living, and perhaps from the fear of the College before their eyes.

Mr. Procter thought that metropolitan churches were not so pestiferous as Mr. Hutchinson's case would lead us to infer, for typhus fever was rather diminishing than increasing in London.

Mr. Leese had lately attended a lady, whom he was obliged to prohibit from going to a church in the north-west part of London, in consequence of the injury she had sustained repeatedly from the effluvia proceeding from the vaults beneath the building. These vaults were nearly full of coffins, piled one above another, some of them having given way from the weight imposed on them.

OBSTRUCTION IN THE THROAT.

Mr. Pilcher related the following case:—The patient was a widow, aged 43, and without children. A little before last Christmas she first experienced an uncomfortable feeling about the throat; for this she applied to a medical man, who examined the part affected, but could detect no tumour. Shortly afterwards she became affected with considerable difficulty in deglutition and respiration, and a tumour was then observed to be forming on the right side of the lower part of the larynx, and apparently exerting pressure on the larynx, trachea, and œsophagus. This tumour was followed soon after by a similar growth on the opposite side of the larynx. These growths gradually increased in size; the difficulty of respiration and deglutition also became gradually augmented, and suffocation was threatened. Various remedies were tried, but without effect. Dr. Johnson saw her and suggested that tracheotomy *might* preserve her life a very short time, and he suggested the employment of injections of beef-tea with laudanum three times a day; this kept her alive for some time. He, Mr. Pilcher, saw her about a week before her death. He found the tumours to be situated beneath the sterno-mastoid muscles, and apparently pressing on each side of the larynx, trachea, pharynx, and œsophagus. She then breathed with great difficulty, but spoke in a voice louder than a whisper; but the exertion of speaking, or any other excitement, threatened immediate suffocation. Tracheotomy was suggested, but not urged; she would not accede to its performance. The tumour was cut down upon, and she expressed herself slightly relieved afterwards; the tumour was examined through the incision which had been made, and was found to consist of a firm, hard, fibrous gland. Although this patient had taken no food by the mouth for a very long period, she had, daily, a good fæcal evacuation. She sunk. After death, the enlarged glands were found to have exerted no pressure either on the trachea or the other parts in the neighbourhood, neither did they press upon any nerves or vessels. The difficulty of breathing, then, had not depended on the tumours. On laying open the pharynx, however, the cause of death was made manifest; the sub-mucous, muscular, and sub-muscular tissue of this canal were found to be very much thickened by a deposit of a scrofulous kind of matter. This had so narrowed the passage, as to allow scarcely any space for the transmission of, even a few drops of fluid; and in one part had so thickened the anterior part of the canal, that pressure was exerted upon the air-tube, the caliber of which was found to be very much diminished. The posterior and some portion of the anterior parts of the larynx exhibited the same deposit, as did the arytenoid cartilages, and the chordæ vocales. The lungs were healthy, and fæcal matter was found in the intestines. The external tumours had been, evidently, merely sympathetic.

Dr. Johnson had seen the patient twice; although he did not decide that the tumours were the cause of the obstruction, he was convinced that this was dependent upon a mechanical cause, and that she must shortly die of one or both. He suggested tracheotomy, as a means of *possibly* saving life for a short period.

UNIVERSITY COLLEGE HOSPITAL.

CONTUSED AND LACERATED WOUND OF THE THUMB.

T. M., aged 24, was admitted January 8, 1841. He is a healthy, well-made man, with a florid complexion; by trade a plumber; has been shooting all day, and on his return, about two hours ago, proceeded to discharge the contents of the gun which had been loaded by another person, and as, he thinks, overcharged. The barrel burst and injured his left-hand, which was held some distance along it. On admission, two hours after the accident, it was found that he had received a severe lacerated and contused wound of the ball of the left thumb, extending from the cleft between the thumb and index finger nearly to the base of the metacarpal bone; the cuticle of the palm was considerably blackened, and stripped off in several places; the muscles composing the ball of the thumb were much torn and bruised; the head of the metacarpal bone was bare, and the attachment of muscles to the upper part of that bone separated; the first phalanx was partially dislocated from the head of the metacarpal bone, the ligaments between the two bones being extensively divided, and the joint completely opened; the bones of the thumb were not fractured, and the long tendon appeared to remain uninjured, as the patient could slightly flex and extend the injured part; there was slight oozing of blood at the time of admission; patient's face somewhat flushed; not much pain. As the bones were entire, and as the thumb could still be moved a little, the house-surgeon, Mr. J. P. Potter, determined on attempting to save the part.

[It was evident that there would be considerable sloughing and suppuration about the parts; but this could not be prevented by removing the thumb with the metacarpal bone, as the bruised and lacerated part of the palm would still be left, and union of the flap by the first intention could not be expected.]

Accordingly the articulating head of the metacarpal bone, and phalanx adjoining, were removed; and the thumb being supported in its proper position by a small pledget of lint placed between it and the index finger, simple water-dressing was applied. These pieces of bone were removed by the ordinary bone forceps or cutting pliers.

[This was done with the view of diminishing the tension of the parts when inflammatory swelling should come on, of getting the thumb into a better position, and of hastening the cure. For if these articulating ends had been left, anchylosis was the only thing to be hoped for; and if that did not take place, ulceration of the cartilage covering the articular ends of the bone *might* occur, and render secondary amputation necessary.]

Three small arteries required ligature; the patient was ordered two five-grain colocynth pills at night, and a draught of house medicine in the morning.

January 9. All oozing of blood has ceased; the parts look very black and bruised; the patient complains of thirst, but does not feel much pain now.

10. Some swelling and redness of the back of the hand, and a little erythematous blush extending up the arm; bowels were well moved by the medicine yesterday. The patient is kept in bed, the hand and arm being raised above the level of the body by means of pillows, covered with oiled silk; middle diet; ordered a saline draught every four hours, containing one-eighth of a grain of tartarized antimony, and two drachms of sulphate of magnesia; warm fomentations over the hand and arm, to be applied frequently.

12. Wound very foul and sloughy; a small quantity of fœtid sanious discharge begins to appear; a good deal of redness and swelling around the wound and over the back of the hand; shooting pain along the arm to the elbow, and somewhat in the axilla; erythema not much extended; no enlargement of the glands in the axilla. Continue the fomentations and medicines as before.

13. Sloughs beginning to separate in parts; suppuration more copious; erythematous redness rather diminished in the arm.

14. Mr. Potter was called up in the night, rather smart hæmorrhage having come on from the wound; the bleeding was arterial, the precise point from which it came could not be ascertained, and the sloughs were still adherent and entangled with coagula. Cold water and pressure was tried for some minutes without stopping the bleeding; and then tincture of the sesqui-chloride of iron, diluted with three parts of cold water, was applied. This soon had the desired effect. Lint, dipped in cold water, to be applied over the hand and fore-arm.

Ten, A.M. The redness about the hand and arm is much diminished, and the parts are quite easy and free from pain; the lint has become dry and adherent to the sloughs over the sore; it was not disturbed, but a piece of oiled silk was placed over it. Continue the cold lotion to the arm; the diluted lotion of diacetate of lead being substituted for simple water.

16. Yesterday there was some discharge of blood from the wound, which was, however, soon stopped by the application of cold water. This morning the lint, with the greater part of the sloughs, separated; the wound and discharge appear much more healthy; warm-water dressing. Continue the medicine every six hours, and the cold lotion as before.

18. Surface of the wound looks healthy and clean, only a few small sloughs remaining; the edges of the sore are rather ragged, and in places somewhat undermined, but the redness in the neighbouring skin is much less. There is a little tenderness on pressure up the fore-arm, but the erythema is now hardly perceptible; there has been no more bleeding; the patient's health is very good; tongue clean; bowels open; still keeps a pretty good colour in his cheeks. To take the medicine every morning only, and to have full diet; zinc-lotion dressing.

February 1. Doing very well; walks about with the hand in a sling; wound gradually contracting granulations rather prominent

over the situation of the heads of the bones. Sulphate of copper occasionally applied to them; zinc lotion continued.

12. Wound now reduced to the size of a shilling, and cicatrizing gradually; zinc-lotion changed for one of sulphate of copper, in the proportion of one grain to an ounce of water.

20. A very small sore remaining; the patient wishes to go out, and was consequently made an out-patient.

March 6. Wound quite healed; the hand swells at night a little, and whenever he goes about with it hanging down; there is no pain in it; the patient can move it a little, so as to make it oppose the fingers, but as yet he cannot flex the first joint of the thumb. Discharged cured, and recommended to use passive motion of the thumb every day, short of pain.

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THE Council of the College, desirous of furnishing to the public a correct list of their Members, request that each Member will be pleased to transmit to the Secretary, between the 1st of June and 1st of July, in every year, by letter, a statement containing his name at full length, address, and date of Diploma, in his own handwriting, in order that it may be compared with the Chronological List.

The Council will be further obliged by the Member stating it in a similar manner when he has a Degree in Medicine, or the Licence of the Society of Apothecaries.

The Council will be glad to receive corresponding Statements from the Members of the Edinburgh or Dublin College of Surgeons, practising in England or Wales.

EDMUND BELFOUR, *Secretary.*

April 8, 1841.

List of Gentlemen admitted Members, Friday, April 30th, 1841:—William Copeland, George Guillemard, John Morgan, Francis John Corbould, Thomas Tardrew, Arnold John Burmester, George James Hilbers, William Weld, Robert Gorton Coombe.

Admitted Monday, May 3rd, 1841:—Thomas Baynton, Edward Berney, John Young, Robert Gilling, James Penn Harris, John Whaley, John Duncan, Richard Bealy Sullock, Charles Pope Bates, Thomas Jolliffe Tuffnell, John Clayton.

MEDICAL OBITUARY.

On the 2nd Inst., at Stilton, Hants., Joseph Vyse, Esq., in his 84th year: he had carried on an extensive practice for upwards ot 50 years.

NORTH OF ENGLAND MEDICAL ASSOCIATION.—The Third General Meeting of this important union of the medical profession, recently established in the North of England, was held on Wednesday the 28th ult., in the Register Buildings, Sunderland. The Chair was taken by Dr. HEADLAM, of Newcastle-on-Tyne, the President of the Association.—The following is the substance of a Petition which was proposed to be presented to the House of Commons:—"That, in the opinion of your petitioners, the Bill for the better government of the medical profession, now before Parliament, is based on principles which are calculated to confer important benefits on the community. Your Petitioners, therefore, humbly beg that those principles may receive the sanction of your honourable House."

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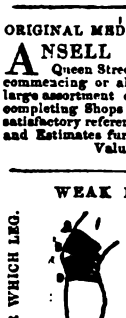

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 86. Vol. IV. LONDON, SATURDAY, MAY 15, 1841. PRICE THREEPENCE, STAMPED EDITION, 4D.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED.

NO. X.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

QUACKERY, in this humble, household, and domestic sort, is beneath the notice of the profession. In the case of NEW PROHIBITORY LAWS against QUACKERY, in the ensuing Reform, the profession must learn, as we have said already, to shun such *frivolous and vexatious* policy as interference with natural and popular medicine. The mean and mercenary motives of the old Regulars of the scalpel and razor, and the inferiority and failure of their qualifications, are ludicrously contrasted with the previous flattering epithets bestowed on them by false anticipation and presumption of their merits in the previous Act. It is impossible to deny, that if we have new laws against Quackery, the Regulars must learn by this example to overlook the quackery of common and ignorant people, to use but not abuse their power, and avoid vexatious and uncalled-for exercises of interference.

Medicine is a natural and popular art in its origin, and indiscreet meddling, or inquisitorial interference, in a close, private, personal, and domestic use of common agents, in whom they may confide, has never succeeded in stopping folly and quackery, but only excited public sympathy, weakened the law, and increased the natural self-will and perverseness of ignorance and prejudice, and rendered it harder to put down serious quackery; but much may be done by a certain tact and manner, when opportunities offer, and events favour the attempt, to laugh or persuade them out of their folly.

"I hold their opinion," says Lord Hale, "to be erroneous, that think if he be *no* licensed surgeon or physician that occasioned this mischance, that then it is felony, for *physic and salves were before licensed physicians or surgeons*, and therefore, if they be not licensed according to the statutes of the 3rd Hen. viii., c. 11 or 14, s. 5., they are subject to the penalties in this statute; but God forbid that any *mischance* of this kind should make any person *not licensed* guilty of *murder* or *manslaughter*. [But the Regular, as appears afterwards, is as liable to be tried for this offence or criminality as the Quack.—Ed.] These opinions, therefore, may serve to caution ignorant people *not to be too busy* in this kind, in *tampering with physic*, but are *no safe rule* for a judge or jury to go by."—1 H. H., 429.

Judge Blackstone says, "If a physician or surgeon gives his patient a potion or plaister to cure him, which, contrary to expectation, *kills* him, this is neither *murder* nor *manslaughter*, but *misadventure*, and he shall not be punished, however liable he might *formerly* have been to a *civil* action for *neglect* or *ignorance*; but it hath been holden, that if he be *not* a REGULAR PHYSICIAN or SURGEON who administers the medicine, or performs the operation, it is manslaughter at the least." [*According* to Coke.—Ed.]

Sir Matthew Hale very justly questions the law of this determination. "In order also to *make the killing* MURDER, it is requisite that the party die within a year and a day after the stroke received, [This reminds us of the Hibernian meaning of 'kilt,' which implies, that a man though kilt is still alive, but if they say 'kill*ed*,' they mean that the man is actually dead.—Ed.] or cause of death administered, in the computation of which, the whole day upon which the hurt was done shall be reckoned the first." (Vol. iv., p. 197, 15th edit. 1839.)

Mr. Deacon, who is a more recent authority on criminal law, lays down thus its present bearing against IRREGULAR SURREPTITIOUS and QUACK practisers. "It was formerly holden, that if a person *not duly* authorized to be a physician or surgeon, undertook a CURE, and the patient died under his hand, he was guilty of FELONY. But though it is certainly highly *rash* and *presumptuous* for *unskilful* persons to *undertake matters of this nature*, yet the offence will not amount to manslaughter, *unless* the practitioner is guilty of *such* criminal misconduct as arises from either the GROSSEST IGNORANCE, or the most UNPARDONABLE NEGLECT. Therefore, where a person, who *bonâ fide* and *honestly* exercises his best skill to cure a patient, in performing an operation cause the patient's death, he will *not* be guilty of manslaughter, *notwithstanding* he is *not* a REGULAR surgeon, nor ever received a REGULAR MEDICAL EDUCATION. (*R. v. Van Butchell*, 3 *Car. p.* 629.) So where the prisoner, who was in the habit of acting as a man-midwife, tore away part of the prolapsus uterus of one of his patients, supposing it to be a part of the placenta, by means of which the patient died, he was likewise held *not* guilty of manslaughter. (*R. v. Williamson, p.* 635.) The last case, however, seems to have bordered greatly on the grossest ignorance, whatever may have been the *bonâ fide* conduct of the practitioner. And though it is not just that a medical man (when he is acting for the best) should be liable to the penalties of manslaughter, if he happen to fall into some mistake, from which the most learned and skilful cannot always be exempt, yet it must be admitted, that the law *cannot well be too strict* in these cases, to deter IGNORANT PEOPLE from endeavouring to get their *livelihood* by *trifling* with the *lives* of their fellow-creatures." (1 *Hawk, c.* 32 *and* 62.—*Deacon's Criminal Law, vol. ii., p.* 877, 1831.)

In the trials of that PET-quack of a WOMAN-LED, CREDULOUS, and SILLY aristocracy, St. John Long ("*Singing* Long,") (concerning whose early life we have a curious communication, never published), at the Old Bailey, October 30th, 1830, for occasioning the death of Miss Cashin, Mr. Justice Park and Mr. Baron Garrow seem to have summed up in conformity to Mr. Deacon's statement of the law; but the jury, notwithstanding, found the PET-quack Long guilty of manslaughter. He was brought from Margate, and instead of being imprisoned, fined £250, a mere trifle to him, probably through aristocratic interposition, which appeared to have had too much influence for strict justice, over even the ermined judges on all occasions. The Marchionesses of Sligo and Ormond, and a number of aristocratic persons of the high fashionable world, gave such silly evidence in favour of the prisoner, as would have justified the remark of Old Baynard, Queen Anne's Physician, on the court lords, ladies, and exclusives of his day, that "their brains were so shallow, that the thin legs of a louse could wade through them without being wet up to the knees." That "bright particular star," the late "honourable" and "learned Member" for Dublin, Lord Ingestrie, alleged on oath, for example, that St. John Long extracted "globules of mercury" (*lead* would not have been improbable) "from his temples and various parts of his body with his lotion!!!" In the second trial of St. John Long, for the death of Mrs. Colin Campbell, æt. 48, the wife of Captain Lloyd, R.A., of Cheltenham, both of whom we knew, he was acquitted through the indecision of Mr. Vanes' evidence, and so saved from the second conviction for felony, which usually brings with it the sentence of transportation for life. The public, it is but just to say, were indebted to the purse and exertions of Mr. Wakley for this important test of the state of our medical law. [We refer the curious reader for further cases and decisions, to Butchell, 1829; Morison, February 1837; Wilcox's Medical Law; and Beck's and Chittie's works on Medical Jurisprudence.]

An action will also lie against a REGULAR or IRREGULAR surgeon for maltreatment of surgical injuries, and damages recovered. We have seen a number of instances within the last twenty years, of maltreatment and deformity caused by the interference in surgery of the inferior grade of TWO HALF-YEAR and THREE BRANCH PRACTISERS, and other superficial and cheap-made apothecary-surgeons, who richly deserved the utmost rigour of the law for their ignorance and temerity. But

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men like these, through local interest and connexion, not only contrive to escape punishment, but to hold up their heads, ride in their carriages, enjoy the leading employments and appointments to dispensaries and public institutions in England. They are thus enabled to defame and injure those men who openly contemn and expose their gross and horrid ignorance. We point to Cheltenham, and two Anglo-South-Welsh counties more particularly, as the flourishing regions, in the principal and smaller towns, of cheap-taught inferior general practisers, self-dubbed surgeons and irregulars, and to the mutilated victims of their surgical incapacity, who may be plainly seen in the open streets, like walking advertisements of culpable negligence and ignorance.

As to the College of Physicians of London, instead of exercising the Quack clause in their Charter, to prosecute real Irregulars and Quacks, who placarded even the College doors and walls, as Dr. Hardy asserts, they prosecute regular medical graduates of Oxon., Cantab., Scotland, &c., for not taking their licence, and surgeons and apothecaries for prescribing as well as dispensing medicine; but, in respect to the last, were defeated and compelled to desist. But more of this in our forthcoming Sketch of the Colleges of Physicians. On the futility of these laws no remark is needed.

We go on now to the Act of 1815, which will conclude all our laws against Quackery.—The protection of the interests of the medical profession, and the security of the public, are guarded now by no other laws than those which punish, occasionally, the offender *after* offence, in case of fatality, and, as an unlicensed practitioner, renders him liable to the charge of manslaughter, except those *prohibitory* clauses and penalties which are contained in the Apothecaries' Act of 1815. It will soon be found that these have answered no effectual purpose.

A TABLE OF MORTALITY OF THE ETROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 1st May, 1841:—

Epidemic, endemic, and contagious diseases	139
Diseases of the brain, nerves, and senses	180
Diseases of the lungs, and other organs of respiration	279
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	70
Diseases of the kidneys, &c.	12
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	0
Diseases of uncertain seat	115
Old age, or natural decay	59
Violent deaths	15
Causes not specified	5
Deaths from all causes	907

CONFERENCE ON MEDICAL REFORM.

Twelfth Meeting of the Delegates, Thursday, February 25, 1841.

Present—Dr. Sharpey in the chair.
Provincial Association, Dr. Cowan, Mr. Ceely.
British, Dr. Webster, Dr. Grant, Mr. Davidson, Dr. R. D. Thomson, Mr. Evans.
North of England, Mr. C. T. Carter.
South Devon, Mr. Smith.
Irish, Dr. M'Donnell, Dr. Maunsell.
Glasgow, Mr. Farr.
East of Scotland, Dr. Sharpey.

A letter from Dr. Hastings, containing certain resolutions of the central council of the Provincial Association was read.

The minutes of last meeting were also read.

CONFERENCE WITH THE COLLEGE OF PHYSICIANS.

The delegates, with the exception of Mr. Davidson, then proceeded to the College of Physicians, when they were received by the president, Sir H. Halford, Bart.; the censors, Dr. J. Bright, Dr. Babington, Dr. R. B. Todd, and Dr. George Burrows; and the registrar, Dr. Francis Hawkins.

Dr. Sharpey, on behalf of the delegates, thanked the president and censors of the Royal College of Physicians for their prompt attention to the wishes of the conference to meet them. The former represented a large body of the profession in Great Britain and Ireland. They were anxious to procure for the public and themselves an amendment in the laws relating to that profession, and he hoped that some understanding might be arrived at, which should unite the corporate bodies and the medical associations in procuring the accomplishment of the requisite changes. The delegates would be glad to hear the sentiments of the College of Physicians on the subject, and they would feel pleasure in communicating the views which they had been led to entertain respecting it.

The President said he could not speak for the *college*, since many of the changes which were deemed advisable by it were still under consideration. He could only lay before the deputation a statement which had already appeared in print, and which contained the opinions of the college, so far as they had yet advanced in their labours. He should be happy to hear the opinions of the conference on the question of medical reform.

The Secretary of the delegates then read the latter document.

The President desired that a copy might be left with the registrar, for the consideration of the college.

Dr. Sharpey said a copy should be sent; and that the delegates would be happy, if necessary, to explain any part of it, or to meet the college at a subsequent period.

The President observed, it would be impossible for the college to give any opinion on the views expressed, until time had been afforded to consider them carefully.

Dr. Webster could not expect that at this meeting the president should be called upon to explain the opinions of the college at large; but he should be glad if the present opportunity could be made available for learning the probable result of the labours in which the college were engaged.

Dr. George Burrows said, that if the delegates had met the president and censors at the time at first fixed upon, that they might have been prepared to reply more satisfactorily to the documents just read to them.

The President then read the statement lately published by the College of Physicians on the proposed amendments in that establishment.

Mr. Smith inquired if the contemplated changes had reference to the profession at large, or only to the College of Physicians?

Dr. Burrows: Only to physicians.

Dr. Grant observed, that the obligation imposed on graduates of universities, in other parts of Great Britain, to undergo a second examination before this college, before being allowed to practise in London, was a very great cause of complaint. It would be considered a hardship, if fellows of this college were unable to practise in Scotland without being re-examined by one of the Scottish universities.

The President said that no such instance had ever come under his notice. He had been president of that college twenty-one years, and had never heard of any complaint under the head now stated. He thought it very desirable that there should be some uniform plan adopted with respect to education by the various universities; but he must say he was opposed to the plan of a faculty, as recommended by Mr. Hawes and Mr. Wakley. Mr. Hawes would level all distinctions, and recognise but one class of practitioners. The fulfilment of his views would greatly interfere with the powers which had been exercised, and, he hoped, usefully exercised, by the College of Physicians, for more than 250 years.

Dr. Webster said, that no greater mistake could be committed than to suppose that medical reformers were attempting to put an end to the distinctions of consulting physicians and consulting surgeons; such distinctions would always continue; but some new regulations were required on behalf of the general practitioner; and he must say that a serious mistake had been committed by this college twenty-five years ago, in giving over to a trading company the examining and licensing of this class of the profession. He considered it a degradation that any medical man should have to succumb to a body like the Society of Apothecaries. The profession at large was agreed upon the impropriety of the present arrangements; and he called upon the college to rescue the general practitioner from the dominion of the Apothecaries' Company. The powers possessed by that company were an insult to the Colleges of Physicians and Surgeons. The learned president himself could not (if it were necessary to do it) prepare a dose of medicine of his own prescribing without rendering himself liable to punishment by the Company of Apothecaries. The system must be redressed; and he could tell the College of Physicians that the profession was bent upon having some control over its own affairs: they claimed the privilege of self-government. No reform would be satisfactory which did not recognise the principle of representative government. He begged to know, if all doctors of medicine were to be admitted as members of the college who held a British diploma, and had reached the age of twenty-six years?

Dr. Todd said, all who did not practise pharmacy would be admitted, if the recommendations of the college were carried into effect.

Dr. Webster said, he thought he had known instances of members of the college compounding their own prescriptions.

The President said, they could not admit persons into the college who prepared their own medicines. They were decidedly hostile to my connection between prescribing and dispensing.

Mr. Farr wished to know how far the college were willing to go along with medical reforms in seeking an amended state of medical government?

The President said, they could not favour the establishment of a faculty. They were very desirous to consult the public welfare by making any reform in their own college.

Dr. Webster said, that he believed the profession would be able to thwart the accomplishment of any scheme which would not give to them the right of self-government.

Dr. Sharpey said, that having occupied a considerable portion of time, the deputation must now withdraw. He was happy to have had this opportunity for the mutual information of the college and the conference; and he begged to thank the president and censors for their courtesy in receiving the deputation.

The President hoped the delegates would leave the college with a favourable impression of the views and intentions of its members.

The deputation then returned to Exeter Hall; and after a lengthened conversation, the meeting was adjourned until the following day; when, as the secretary stated, Messrs. Warburton, Wakley, and Hawes, would receive them at the House of Commons.

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Fourteenth Meeting of the Delegates, Tuesday, March 2, 1841.

Present—Dr. M'Donnell, Dr. Webster, Dr. Maunsell, Dr. R. D. Thomson, Mr. Davidson, Mr. Smith, Mr. Evans, Mr. Carter.

CONFERENCE WITH THE APOTHECARIES' COMPANY.

The delegates, according to appointment, proceeded to Apothecaries' Hall at two o'clock. They were received by Mr. Williams, master of the company, Mr. Bacot, Mr. Robinson, Mr. Nussey, and Mr. Drew.

Mr. M'Donnell, as chairman of the deputation, said that certain changes, it was well known, were contemplated by the medical corporations of London. The delegates would be happy to be informed of their nature; their own opinions on the leading points connected with the subject of reform had appeared in print, and they should be glad to afford any explanation with regard to them which might be required.

The Master said, certain opinions had been made public, but no decision had been come to as to the precise nature of the alterations and amendments which those bodies would ultimately feel it their duty to recommend to the legislature.

Mr. Robinson said, he thought that the choice of examiners should not be limited to members of the company; that five years' apprenticeships should be done away with; that prosecution of unlicensed practitioners should be discontinued, and that some other means should be adopted of guarding the public from imposition and ignorance. A system of registration was necessary; the admission to a certain extent of the licentiates to the power of electing a given proportion of the Court of Examiners would be advisable. He was also of opinion that some regulation should be made to equalize medical education throughout all parts of the kingdom.

At the request of the court, Mr. Carter read the opinions of the conference on certain leading points connected with the subject of medical reform.

The Master said, he should be glad to consider the document just read.

Dr. Webster observed, that much heart-burning had been occasioned ever since the year 1815, because graduates of universities and members of colleges were prevented from compounding their own prescriptions without the licence of the Apothecaries' Company. Did the Court think it just that such persons as he was speaking of should be compelled to undergo an examination before this society?

Mr. Bacot said, that if an uniform plan of education were established throughout Great Britain, he believed the company would not be unwilling to forego the present exclusive privileges of their licentiates. The Act was binding; at present they were not at liberty to compromise its provisions. He should be very glad to see an uniform system of education established.

Mr. Carter inquired if the company had contemplated the expediency of a presiding body being appointed, which should have power to regulate the qualifications of candidates for practice in each division of the kingdom?

The Master said, that the appointment of such a body had not yet been considered.

Dr. Webster inquired, to what extent were the company willing to admit of the representative principle in the election of their officers?

Mr. Robinson said, it had been proposed that a part of the Court of Examiners should be elected by licentiates of ten years' standing, and who resided in London, or within ten miles of it.

Mr. Carter asked, if there was a likelihood of the elective privilege creating greater agitation than was now occasioned from the want of it?

Mr. Nussey said, he should be glad to see a fuller recognition of the elective principle than that which had been mentioned, but he knew not in what way it could be brought about.

Dr. Webster inquired, with what share of the examinations would the company be satisfied under a new system?

Mr. Robinson said, that they should not expect to examine in surgery, or exclusively in midwifery. They could, if their Act were properly enforced, require two fellows of the College of Physicians to be present at their examinations. The Court of Examiners was composed of general practitioners, who had almost universally diplomas from the College of Surgeons. They were appointed to examine persons who were to be engaged in the same line of practice with themselves. The Court of Examiners had no connexion whatever with the *trade* of the Apothecaries' Company.

Fifteenth Meeting of the Delegates, Monday, March 8, 1841.

Present—Dr. Marshall Hall, F.R.S., in the chair.

Dr. Webster, Dr. Maunsell, Mr. Ceely, Mr. Davidson, Dr. R. D. Thomson, Mr. Smith, Mr. Evans, Mr. Carter.

A letter from Dr. Cowan was read, to the effect that, in consequence of certain resolutions passed by the council of the Worcester Provincial Association, he was no longer a member of this conference.

Dr. Maunsell proposed, and Mr. Davidson seconded, the adoption of the following petition, and that it should be sent, with a circular, to various parts of the country for signatures:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

"The Petition of the undersigned Medical Practitioners residing in ——

"Humbly sheweth,

"That, in the opinion of your petitioners, the Bill 'for the better government of the medical profession in Great Britain and Ireland,' now before Parliament, is based on principles which are calculated to confer important benefits upon the community.

"Your petitioners therefore humbly beg that these *principles* may receive the sanction of your Honourable House; and your petitioners, as in duty bound, will ever pray," &c.

After a discussion of considerable length, it was resolved, on the motion of Dr. Webster, seconded by Dr. Hall, "That the delegates still remaining in London do continue their sittings at such intervals as circumstances may render necessary."

Dr. Webster, in complimentary terms, proposed a vote of thanks to Mr. Carter for his services as secretary to the conference.

Dr. Maunsell seconded the motion, which was carried by acclamation.

Sixteenth Meeting of the Delegates, Exeter Hall, April 6, 1841.

Glasgow, Mr. Farr in the chair.

East of Scotland, Professor Sharpey.

British Medical, Mr. Davidson, and Dr. R. D. Thomson, secretary.

South Devon, Mr. Smith.

Mr. Hawes, M.P., and Mr. Ewart, M.P., also attended.

The Secretary announced the formation of a new association at Taunton, and the appointment of Dr. A. B. Granville, F.R.S., as delegate.

A letter was read from Mr. Ceely, stating that his connexion with the conference as representative of the Provincial Association was at an end, but that he still continued a firm advocate of reform. His letter, it was agreed, should be entered on the minutes.

Mr. Hawes, M.P., attended the meeting agreeably to the request of the secretary of the conference. He said, he believed that many members of the Government would not oppose the second reading of the Bill; there were some who ought to be urged to attend and to support it. It was especially necessary that the profession should use their energies to influence Government, who might at present oppose any insurmountable obstacle to the proper hearing of the measure; the corporations, it was obvious, would proceed no further than the pressure of the profession compelled them. He therefore urged upon the conference the importance of raising a power among themselves equivalent to that of the corporations; until this was effected, the latter would undoubtedly thwart, in a great measure, all proper schemes of improvement. From what he had now heard, however, he was inclined to think that the desirable object would speedily be carried into effect; in the mean time, it was necessary that the subject of medical reform should be brought before the public as much as possible. It was not to be expected that a measure of reform could be carried in one session; but the circumstance of its being brought before the notice of Parliament would pave the way for a favourable issue on a future occasion. The conference having thanked the honourable members for the interest which they had taken on the subject of medical reform, the latter withdrew.

GLASGOW COLLEGE.

March 10, 1841.

MEDICAL REFORM.

A MEETING of senate being duly summoned and convened, the committee appointed by the senate to consider the Bill for the better Government of the Medical Profession, which has been introduced into the House of Commons by Mr. Warburton and Mr. Hawes, beg leave to report—

1. That, in the opinion of the committee, evils have arisen from the possession, by particular corporations, of local privileges, which render their licentiates alone legally qualified to act as medical practitioners in particular districts of the country, to the exclusion of all other persons, however highly qualified.

2. That it is desirable that those local privileges should be abolished, and a uniform system adopted, whereby the graduates of all universities, and the licentiates of all legally constituted medical corporations, shall be placed on an equal footing, in respect to the right of practising; so that those who have received certificates of their fitness to exercise the medical profession from any one of the established corporations, shall be entitled to practise in any part of the United Kingdom, without requiring to submit to a second examination, or pay for a second license.

3. That the most essential part of such uniform system must consist in the general adoption of a certain course of education, as the *minimum* entitling any one to become a candidate for a medical license.

4. That the measure proposed in the bill recently introduced into parliament are inadequate to the accomplishment of the objects in view, and could not be carried into effect without the most serious inconvenience.

5. That neither the proposed compulsory registration of licensed and qualified medical practitioners, nor any other measure, can be effectual in preventing unlicensed and unqualified persons from practising medicine, so long as there exists a demand for the services of the latter on the part of the public.

6. That the establishment of a new and permanent board, having power to control the universities and medical corporations, is highly objectionable and uncalledfor; all the real benefits contemplated by its establishment being attainable by merely enforcing uniformity as to a minimum course of study, to be determined on after due communication with all the established licensing corporations.

7. That the proposed election of a representative body by the entire medical profession in each of the three kingdoms, could not fail to produce a regular recurrence of discussion and agitation among its members, which would interfere materially with the ordinary avocations; while those best qualified to perform the duties of a representative would be least likely to use the means necessary to secure their election, and if elected would be least able to repair, from time to time, to a distance from their homes, for the execution of those duties; whence the appointments would inevitably fall into the hands of persons in whom nether the public nor the profession would have confidence.

8. That the provisions of the bill now under consideration would, if carried into effect, gradually undermine and ultimately supersede all the existing British Medical Schools and licensing bodies with the exception of those seated in the three cr

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pitals of the United Kingdom, by confining the power of granting licenses to practise the medical profession to those three cities exclusively, or perhaps to London alone.

9. That considering the large amount of services gratuitously rendered to the public by the medical profession, the inadequate compensation received by many of its members for their long and expensive education, and for their laborious professional exertions: considering also that each degree of Doctor in Medicine is already taxed to the extent of ten pounds; and considering finally that it is the public, much more than the medical profession, which is interested in being able to distinguish easily betwixt qualified and unqualified practitioners; the Committee is very decidedly of opinion that the expenses incurred by an improved system of medical legislation should be entirely defrayed out of the public purse, and not by tax imposed in any shape upon the profession.

The senate unanimously approved of this report, and directed that the same should be printed and circulated as extensively as possible.

SPIRIT OF THE MEDICAL PRESS.

ON DISEASES OF THE LIVER.

The discrimination of disease in the liver will often require attention, yet few cases are so obscure as necessarily to escape detection. The acute or inflammatory complaints are most readily ascertained.—Acute inflammation is distinguished by pain in the right side, increased on pressure, often extending into the chest; pain in the right shoulder, difficulty and pain in breathing, dry cough, sallow or bilious tinge, high-coloured urine, and fæces generally clay-coloured, but sometimes loaded with bile. Where the convex surface is inflamed, the chest—where the concave, the stomach, is principally affected.—Chronic inflammation proceeds so slowly as sometimes to steal on unnoticed. It induces loss of appetite, flatulent distension at the stomach, weight and obtuse pain in the region of the liver, or in the back; torpor, inactivity, and depression of mind; obstinate costiveness, and clay-coloured stools.—Inflammation of the liver will generally terminate either in resolution, serous effusion, or the formation of serous hydatids; or suppuration and abscess, containing pus alone, or matter together with purulent hydatids.—The consequences of inflammation may vary considerably, as leading to serous effusion or purulent secretion, and either of these appearances may occur alone, or as stated, in connexion with the production of hydatids. In the latter case it will be observed, that curious and clear points of discrimination may be traced in the symptoms attending the formation of serous, contrasted with those induced in the production of purulent hydatids, dependant on the presence or absence of pus; and that where the secretion is of a mixed or mediate character, between pus and serum, there the symptoms will be modified also. So closely connected are the manifestations of constitutional sympathy in these cases, with the presence or absence of purulent secretion.

The decided character of the symptoms, the extent of adhesive inflammation externally, and the prompt arrest of diseased action by exciting the mercurial influence, give interest to the following case:—

Acute Inflammation in the Liver.—A young man, complaining of flying pains about the chest, stomach, and shoulder, felt the pit of his stomach becoming severely painful, with sense of heat and of internal swelling. I found the integuments below the ensiform cartilage heated, red, tumid, and tender, yet hard as horn. Pulse quick and hard, skin dry and hot.—was ordered the saline draught and fomentations. The pains in the tumour frequent and distressing, shooting about from the central spot, especially up through the chest and shoulder, checking inspiration. He suffered most severely in the night, the recumbent posture being scarcely supportable. Pulse small and hard, 120. Skin hot, tongue white; bowels cleared by calomel. Four days unrelieved, he was ordered to rub in ung. hydrarg. 3ij. o. n. upon the thighs until the mouth was tender, when the local pain and every symptom began to yield. The mercurial influence in a week had so far relieved him, that he felt no remaining pain, heat, or tenderness in or about the tumour. The peculiar induration diminished, and within three weeks entirely disappeared.

Inflamed Liver, with Obstructed and Punctured Gall-Bladder.—A. N., 84, at the age of thirteen, had loss of appetite, headache, fever, and jaundice; in about a month he recovered. At thirty, in India, attacked with pain in the right side and shoulder, with sense of internal swelling; he was again relieved by treatment. In three or four years, his health reduced and his legs swelled and ulcerated, invalided and sent home, he was taken into St. George's Infirmary, still sensible of internal swelling, which now manifested itself outwardly beneath the cartilages of the right ribs, with pale stools, and a bilious tinge upon the skin.—Fomentations applied; a central softness induced Mr. Heaviside to puncture it, and about two ounces of a thin purulent bilious serum flowed out. For many weeks, pure bile alone was discharged, giving, I observed, a bright yellow stain.—Several ounces flowed off daily. In three months, the discharge became scanty and purulent, and the opening contracted and healed, the stools re-assuming their healthy bilious colour, and the patient his feeling of perfect health.

Abscess of Liver, opening externally.—J. D., 29, was under my care, at Gibraltar, with short, dry cough, oppression in breathing, and flying pains about the chest, aggravated on the slightest exercise. Scarcely relieved in two months by medicines, with a pulse low, he was bled to twelve ounces, but to no purpose. Embarked for England, he told me he felt "a core" forming within, at the pit of the stomach. On his passage, very sea-sick, he lost his appetite, and felt "a hard substance" becoming evident outwardly. On landing, I found an indurated tumefaction, with heat and pain, opposite the right lobe of the liver. Although very uneasy, as the external tumour increased, the internal pain diminished. The centre of the swelling fomented, softened, and the health improved. Pulse soft and full, with occasional light chills and local throbbing. In the sixth month of the attack, while in bed and asleep, the abscess broke, and when he awoke in the morning, matter was still flowing; the quantity thus discharged being about twenty ounces. The abscess contracting, and discharge lessening in quantity and consistence, in two months was scarcely perceptible; but a quick, deep breath, coughing, or sneezing, still gave a twitch of the old pain, and to his great annoyance, when the opening had entirely closed, he found the internal pain had returned as bad as ever. Totally incapable of duty, with a very small weak pulse, scarcely able to walk five minutes, he was recommended for his pension, and left the regiment.

Abscess of Liver, opening into the Intestines, with Fatal Hæmorrhage.—S. H., 24, of intemperate habits, encamped before Monte Video, Rio Plata, in cold wet weather, while the country was extensively flooded; complained to me of sharp pain in the right chest, with severe headache, quick and hard pulse, hot skin, flushed face, and dry tongue. He was bled, blistered, and took saline and diaphoretic medicines. The next day, pain very severe, aggravated in inspiration, he was ordered pulv. ipecac. gr. iij., calomel gr. j. nocte maneque. Third day, pain in the head and chest greatly relieved by sudden diarrhœa; a copious and frequent discharge by the bowels of offensive purulent matter, with large quantities of blood. He had much uneasiness in the bowels, but no griping or tenesmus; the absence of these two latter symptoms distinguishing the complaint from dysentery.—The symptoms were nearly all improved by the discharge from the bowels; pain in the head nearly, that in the chest quite gone; but the purulent diarrhœa became daily worse, with frequent losses of blood, and at length tenesmus, which various medicines and means failed to relieve. Appetite gone, strength sunk, pulse faltering, and coagula of dark blood incessantly passing exhausting his powers, on the twelfth day he died.

Post-mortem.—In the right chest I found slight adhesions between the lungs and diaphragm. In the abdomen, the right colon much thickened, was adherent to the liver above the peritoneum in front. Separating its adhesion to the peritoneum, an ulcerated opening was exposed, by which purulent matter and blood flowed out from the intestine. The right lobe of the liver, tumid on its convex surface, was cut into, and the thick yellow purulent contents of a large abscess let out. Passing the finger between the right lobe of the liver and diaphragm, extensive adhesions were felt, the attempt to separate which unexpectedly opened a second cavity, from which burst at least a pint of matter and blood. This larger abscess was quite distinct from the smaller cyst; the former containing pus, with a large proportion of dark blood, the latter purulent matter only.—There could be no doubt of the largest abscess having opened into some part of the great intestine, effusing its contents, and at length destroying life by continued hæmorrhage, although the flooded state of the country, the ill health of the troops, and crowded state of the little hospital, prevented further examination.

Large Abscess, filled with Purulent Hydatids in the Liver.—A. F., 50, a man addicted to drinking spirits, under care of Mr. Harvey, (who kindly furnished the following notes,) had for years felt pain in the epigastric region, acute pain round the short ribs and the right kidney, with jaundice, dyspnœa, swelling, weight, and indurated tumour about the size of half a large orange. This tumour appeared to be the liver gradually increasing in size; and when so advanced as to reach considerably below the umbilicus, it was still thought to be enlarged liver. He was bled generally and locally, and his mouth brought speedily as possible under the influence of mercury. The functions of the abdominal viscera were sluggish; the fæces neither fœtid nor bilious. Skin dry and rough, urine dark and scanty, countenance anxious. A tendency to dropsy was relieved by diuretics.

Admitted into Charing Cross Hospital, he complained of constant dragging weight and pain in the right side, which was much swollen and tense, with sudden attacks of most painful spasm at the pit of the stomach. He always reposed on the affected side, could not remain in any other position, and said he had been obliged to keep his bed for six weeks before his admission. Appetite bad, the stools procured only by enemata, and of a light clay colour: he had frequent severe rigors, and a sallow countenance expressive of great bodily suffering. His flesh and strength diminished as the tumour increased until, exhausted by pain, he at length sunk and died.

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Post-mortem.—Mr. Canton found the liver greatly enlarged, forming in most parts a very thin cyst or bag, principally in the left, but much also in the right lobe, which by a small hole had allowed a partial escape of pus into the abdomen. Freely laid open, this cyst was found to contain several quarts of thick purulent matter, in which floated an innumerable quantity of hydatids, from the size of grains of sago to that of a small apple, the largest mostly ruptured. The abscess was lined internally with a layer of fibrinous matter, external to which, at most points, was a thin coat of the healthy substance of the liver, covered by the peritoneum. On examination in some specimens, one of the smallest hydatids (filled with a heavy opake yellowish substance) was observed to roll loose within the cavity of a larger transparent cyst, while in others the small heavy contained cyst was apparently still fixed to some one point within the containing cavity. Each transparent hydatid so situated including only one opaque hydatid, yet, on opening and examining the internal surface of some of the larger of these hydatids in water, I could not perceive any appearance of a cluster of pearly points, uniformly observable, I believe, in hydatids formed in serum.—*Howship on Surgical Disease.*

SIDE-SLIP FOR QUACKS' CORNER.

STAMMERERS AND STUTTERERS.—NO. II.

"I say, HUM, how farest it with QUACKERY now;
Is it prime, is it up, is it spoosey, or how?"
Tom Moore Travestie.

STAMMERING is an affection which Shakspeare facetiously compares to "wine coming out of a narrow-mouthed bottle, either too much at once, or none at all!" The legitimate treatment of stammering used to consist in Dr. Mason Good's plan of repeating a favourite passage from a book, slowly and deliberately, at the full stretch of the voice. Dr. M'Cormac advised the inhaling of a proper quantity of air into the lungs, before attempting to speak; speaking slow; also practising slow inspirations and exspirations; exspiring strongly each time, when attempting to speak, the lungs being filled to the utmost; and, lastly, repeating syllables, but not sentences, during each exspiration. We have seen them practised in two cases, but not effectually. Several operations are now noised about by Regular men, but what ultimate truth there is in their success time will show. STUTTERERS and STAMMERERS have made capital gudgeons for those flat-catchers and fanfarons,* who have no other resource to save them from starvation and death, but infesting the roads, and imposing on the ignorant and credulous. What has become of that itinerant, Professor Sams, a stammering doctor of the old quack tribe, who prowled, in 1833-4, about South Wales, Monmouthshire, and afterwards passed over to Ireland to astonish the natives there, where he filled the newspapers with his "extraordinary cures" in all directions. As for these cures of the itinerant doctor, they turned out all humbug and failure. The profession pretended to cure a respectable young girl of our acquaintance in Monmouthshire, affected with congenital defect of palate, or what they call "hollow roof." He was recommended by some silly female, with the same sense and reason as a gull, like the majority of her sex, to the family as "a fine man," "because *he* said so" in a newspaper. The itinerant lived on his gibberish and legerdemain; and while the temporary mental impressions, produced by his feats, lasted, she stammered and stuttered somewhat less. For this he took a FORTY POUNDER! They made him promise not to advertise the case, but Sams no sooner got to Dublin, than he forgot this and blowed it all over the country through the medium of the press; and wrote to her to come and show herself to the natives of Ireland. About this time, as the girl herself was telling her story over a game at whist, in a small party at a farm-house, it seemed to us so tempting a case for quizzing, that when she turned up the knave of clubs, we asked her whether Pam was not an exact likeness of Professor Sams, calling the knave all the while Professor Sams, and shying various gibes and skits at Sams' head? By-and-by she began to wax warm, and show a little fire in her eye. At last out she burst: "Sir, you are a good-for-nothing, impudent sort of man, I do think!"—"No, Miss," said I, "I am only sorry for you having been let in all round by Professor Sams; done brown indeed, Miss!" She then tried to prove that if he was not a regular man, he was at least a professor, and something of that, and I don't know what else. "Which is he most like," said I, holding up again the Jack of clubs, "a Professor or a ——? Is not forty pounds too much to pay for your whistle, as Poor Richard says? Did this sharp catch any more flats?" "I won't t-e-l-l y-o-u yo-uu," said the girl. The "lassie and her mother were obliged at last to inform the Professor that her daughter was not calculated to enhance his notoriety among the Hibernians, for the congenital defect of palate, with by no means a strong brain, remained stationary, and a regular doctor of a satirical turn had upset all the Professor's handiwork, and left nothing but the *rem infectam* and sense of the cutting loss of forty pounds, and all for nothing. In 1837, when we were studying at the Ecole de Medicine, M. Richerand, the great physiologist and *real* professor, quacked a little in stammer and stutter, to raise the wind by a novelty. A German, who was a confounded fellow to stutter, but a very rich and suitable patient, came to Richerand by recommendation, and promised him, cure or no cure, a liberal fee. He put the German into baths, passed sounds into his ears, made him almost blow his heart out, but the man departed, as in Professor Sams' feat, *re infecta!*

Many of the profession are themselves stutterers and stammerers. "Within the lapse of 40 years," says one of the old Gentleman's Magazines, in which all quacks were formerly posted, sprung up the "stuttering *unborn* doctor." When he was asked how he came to be so, he stuttered his answer thus: Wh-wh-y, is any m-man (with violence) b-o-r-n bo-rr-born a doctor? and if so-so-then I am an un-bo-bo-born doctor! ant I?" Stuttering and stammering are a great objection to a private practiser in the eyes of the genteel folks of a country town. We heard parties predict behind the back of a highly educated and talented friend of ours, a Harrow boy, and a Trinity College man, who was aspiring to an incepter-candidateship at the London College of Physicians, that he "would not succeed even in London, because he stuttered." A stuttering and stammering general practitioner set up in a Welch town; the infirmity by no means pleased the women, and at first, for some years, they did not employ him; but at last they said "they had got used to it, and did not mind it," and he has since had his share of business. A man's qualifications and skill go for nothing with the light minds of women, for where "the judgment is weak, the prejudice is strong." The insipid "bread-and-butter" Misses and Madams, who fill every country town with idle gossip and scandal, and talk an "infinite deal of nothing," as Shakspeare says, cashier the cleverest practiser in the place for a grog-blossom nose or red cheek, and always conclude "he *drinks*," though it may be a family complaint; they keep out another because he takes snuff, though he wants a stimulus to raise his senses during mental application.—Any whim or fancy about the eye or nose has the same effect upon women of frivolous natures, upon the same principle as the girl, in one of Charles Matthews' performances, exclaims, "La-a M-a-a! how shocking to see a man with *one eye* get so drunk." So much for simple ones! The moral is, that fools judge more by outside appearances, particularly medical men, than their intrinsic qualities, which they have not capacity to perceive.

On April 2, 1828, when we were in Paris, *La Globe* French newspaper had published an article in defence of a secret remedy for STAMMERING, from the author or patron of the nostrum. *La Globe* is not edited by a common sling-whanger, but is an excellent scientific paper. It had touched, in a previous number, the STAMMERING QUACK home, and he had felt it. It remarks, in reply to one observation of the SPEECH-DOCTOR concerning English encouragement and patronage of quackery—"If," says the French editor, "the English think proper to pay large sums for the knowledge of secret remedies, it is a species of wisdom which we 'the French' have yet to learn. We think that the success of any quack remedy, and it *is easy to get* 100 *cases of cure, if required, to prove the success of anything; is owing to a moral cause, which ceases to have any effect when the remedy is made known.*"—(TRUE, TRUE, O KING!) "In Germany, the physicians give their patients remedies in the smallest fractions of a grain" (homœopathic doses), "and these have the same effect. What are we to say to this? It is only to be explained in the same manner."—This stammering affair was brought before us by M. Larry and others. In France, the exploits of quacks, priests, and jesuits, were at that time always journalised. No abuses of quackery are suffered to pass for a day without exposure and discussion in the journals, daily and weekly. But in England, our country papers circulate quack puffs and advertisements, *and suppress everything hostile to them!*

* Fanfaron means a braggart, a fellow flourishing his own trumpet, a swaggerer, roisterer, and rhotomontader.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Wednesday, May 5th, 1841:—

Charles Deazeley; James Paton; Charles C. E. Hopkins; Henry Pavey; John Gallagher; George Leopold Perfect; Thomas Thaxton; James David Brown; James Thompson; William Eagles Johnson; William Newton; James Arnold; Thomas Barker Smart.

Admitted Friday, May 7th, 1841:—

George Benwell Rosewall; George Kingston Barton; John Frederic Owen; James Raney Leach Allott; John Shaw Willes; William George Swan; Panks James Wigginton; John Dalston Jones; Alfred Clarke.

Admitted Monday, May 10th, 1841:—

Richard Seally; William Pearce Berryman; Osbert Fishlake Cundy; Archibald Dougherty; Edward Augustus Rawlinson; Walter Lawrance; Nathaniel Moore; Edward Smith; James Richardson Johnston; Edward Gleeson; William Viner Beadle Christopher Fryer Curtis.

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TO CORRESPONDENTS.

To NUMEROUS SUBSCRIBERS. — *Some of the numbers of the 1st, 2nd, and 3rd volumes of the 'Medical Times' are out of print, and will be republished—next week we will give a list of those numbers immediately required, and for which we will allow the full price.*

P. M., *(Manchester).* — *We have appropriated a small space of our journal—headed* 'Quacks' Corner,' *for the purpose of showing up the humbugging operations (of the small fry) for squinting, stammering, &c.; they are becoming too numerous, and are by far more pestilential than* Morison's Pills.

PETER B.—*Do not pay the* whole *of your perpetual fee, we think the school cannot exist another six months—offer a half, they will be glad to take it. Why are you so anxious to* enter *to such a school? there are others* equally cheap, *and* far better; *there is only one good lecturer connected with it, and he is on* Materia Medica.

All other Correspondents shall be answered in our next number.

All Letters, Communications, and Books for review must be addressed to T. BAILEY, 10, *Wellington-street North, London.*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. V.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

WHATEVER our Oxford and Cambridge friends in Paris or London, or at Trinity College, Dublin, of which we were members, were disposed to hope in behalf of the Old Lady in the West, we repeat again that the spirit of the Times, *then* and *now*,—that spirit which waxed stronger and stronger every hour, but preserved a constitutional and moderate course,—was the public opinion in opposition to the private feeling of classes, parties, and cliques, in favour of the College. The growing sentiment of a fast enlightening empire was averse to bodies constituted as this corporation and others of its fraternity have been constituted, and to the influence of all their prejudices and passions, both in theory and practice. It is in vain, as France in 1793 proved, and as Earl Grey declared in 1834, to resist the SPIRIT OF THE AGE, an age of enlightened innovation and reform.

The glorious denouement and consummation of the measure of Reform and Renovation, in 1832, left no longer any doubt of the course of the wind, which, to use Swift's idea, every straw thrown up had long before indicated to the sagacious observer and prognosticator.

In consequence of this only means to the end being at last accomplished, such a demonstration of moral force was made by the medical reformers, and those of the public who supported them, after the many years of indefatigable labour of numerous medical reformers and writers to excite it, that the Select Committee of Medical Education was formed in 1834, and the grand preliminary step of inquiry was taken, but the Fabian system of delay which followed for five or six years afterwards; was sadly ill-timed and misapplied; circumstances required the very opposite policy. Had the inquiry been more complete—had the destruction of many documents not occurred—had more evidence been sought from country practisers, whose positions and circumstances are materially different in many respects from those of the London corporations and licentiates—we are sure much original information, many striking facts, and many clear perceptions of the disadvantages and abuses of the profession would have been brought to light, and exposed, particularly with reference to the abuses of irregularity, quackery, and medical patronage, as well as the degraded state of medical practice, and the too generally defective qualifications of medical men. Had the inquiry been followed up with prompt and vigorous steps, with straightforward, energetic, and candid conduct, we should long since have accomplished that hoped-for, called-for, change, for the timely bettering of the existing profession, which hundreds of learned and intelligent reformers have ardently and continually demanded for three centuries. [*See our paper enumerating the bibliographically, the bold efforts and open remonstrances of the brusques Old Medical Reformers from H. viii., to the time present*, Medical Times, *Vol. II, No's.* 43, 44, *pp.* 198, 210.] In 1827, we published anonymously our first work, containing a full history of the state of the profession, its external institutions and legislation; also of its internal and moral or ethical blemishes and abuses, and pointed out the external and internal or self-reform, which it, then as now, loudly called for with respect to legislative or external reform. We have the great happiness of seeing, by the reports of the MEDICAL CONFERENCE and the MEETINGS of the MEDICAL DELEGATES now sitting in London, that the leading propositions which we advocated fourteen years ago, have been comprised in their choice of measures. Almost all that we proposed, so far back as 1827, seems to be included in their resolutions, with some few exceptions, which we shall soon detail in an express category of the proper principles and steps of Medical Reform. In May 1834, we wrote to Mr. Warburton, and offered him the substance of our present labours on the Legislative or External Reform of the Medical Polity of Great Britain, being a Comparative View of the State of the Profession in England and other countries, particularly France. Our materials took up four small quarto volumes of MS., and were finished after our residences and investigations at Paris, Dublin, and Edinburgh, for three years, in 1830. Mr. Warburton answered our letter with urbanity and an appearance of indefatigable labour and sincere interest in the affairs and welfare of the profession. We called Mr. Warburton's attention to the detestable abuses of medical patronage in the infirmaries and dispensaries, perpetrated by those illiberal pluralist parsons and new gentry, as well as their abject and servile bands, the "genteel gentlefolks," the manallopers of country towns. He transmitted to us a copy of the printed Questions of the Select Committee of Medical Inquiry to the country dispensaries, to many of which the answers had already arrived, and were digested for arrangement among the similar returns from other parts of England. We were then, ourselves, acting as physicians to a dispensary, and the said paper was never placed before us, and we are of opinion that these interrogatories were purposely kept back and smuggled away from the knowledge of every medical officer of independent and reforming principles, until filled up and returned by certain ASTUTES and JOBBERS in their own way, who had probably truths to suppress, and base actions to conceal, by inexplicit and false replies.

Are these returns printed in the three volumes of Medical Evidence? We have by us the first and second volumes, but not having lit upon them, may we ask whether they exist or were destroyed in the conflagration of the Commons' House? After thanking us for our "hearty offers to give him comparative information respecting the Paris schools, and stating that the Committee was taking evidence five days a week, and five hours a day, in addition to the preparatory and incidental work necessary to such examination, which left him little time to read, Mr. Warburton wished all communications to be concise.

In a passage in this letter on the French system, we think we see the first seeds of that unfortunate concession to the IRREGULARS and QUACKS, which have rendered Mr. Warburton's great application to the case, and complaint of the profession, of less prospective and ultimate value to it than was first anticipated. In fact, he has knocked down the idol and spirit of our dream and scheme of reform, viz., the total suppression of quackery, the power, as the Glasgow corporators term it, of debarring by "fine and interdict all persons attempting to practise medicine or surgery without license." He continued, "I am in possession of the works of M. Beullac and other more modern digests of the existing laws relating to medicine, surgery, and pharmacy in France. If from your personal communication with the professors, you have anything to add which the books on the subject do not afford, I shall be happy to receive it. They are, however, agitating new medical reform in that country, and some of their reforms as it appears to me are not very wise ones. Among these are their resolutions to carry the *hatred* of whatever partakes of irregular practice in dispensing medicine, so far as to prohibit the sale of *soda water* and *herbs* (simples) elsewhere than in the shop of a regular pharmacien." For our parts, we cannot blame the profession or any country for taking the same care of its own exclusive interests as the common trades, and if the circumstances of the pharmacien required protection, and his utility to the public justified that protection and safe-keeping of himself and his grade, we do not think the French Medical Legislators went too far. Medicine, in all its departments, is the poorest and most unthrifty of all professions; it has the fewest resources, and requires both legal consideration and conven-

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tional favour to keep it up, and prevent the ruinous interference of out-of-place competitors and interlopers; hence it has ever been the innate and natural propensity of the profession to exercise a seeming finical surveillance and inquisitorial powers, sometimes carried perhaps too far, against IRREGULARITY and QUACKERY to please the mob. The French and English faculties may partake with other Continental faculties in the extent of rigour and suppression, but Mr. Warburton, too obviously, we lament, favours the IMPUNITY of QUACKERY. But however difficult in law may be its prevention and suppression, we do trust in Providence that it may receive its death blow in the impending Reform.

(To be continued.)

ANATOMY ACT.

THE following returns have been moved for in the House of Commons:—

A return of all subjects sent to the schools of anatomy, specifying the number to each, and the date thereof.

A return of the number of inspectors appointed under the 2nd and 3rd William IV., cap. 75, commonly called the Anatomy Act, and the districts now under their separate inspection.

A return of the amount of salary paid to each inspector, and allowance for travelling expenses in each year, from 1836 to 31st Dec. 1840, inclusive.

A return of each inspector's report to the Home Office of all contraventions of the Anatomy Act by teachers or students of anatomy from the year 1833 to 1840, inclusive, and also if any of what proceedings were taken thereon.

A return of the number of visits made by each inspector to the several schools of anatomy within his district, specifying the name of the school, and date of each visit, from 1833 to 1840, inclusive.

We have, since the first establishment of this journal, insisted upon the necessity of a public committee of inquiry into the administration of the Anatomy Act.—The moving for the above returns may be considered as the first step towards attaining the same, and we are glad that the press, all-powerful in its influence, is at last obtaining a hearing. Our firm conviction is, upon the testimony of many, that some of the private schools have been very hardly dealt with—there has from first to last been a great deal of shuffling, and the Anatomy Act, imperfect as it is, has been very badly, and in many instances, injuriously carried out, nor is Mr. Warburton the man either to frame an Anatomy Act, or to superintend an inquiry, public or private, inasmuch as he is a medical school proprietor, therefore an interested party.

The notable commission which was appointed by the Home Office in February 1840, to inquire into the operation of the Anatomy Act, closed its evidence by picking just what suited, and refusing the most important part of the inquiry.

Mr. Warburton acted as chairman in that commission, and although more than 12 months have elapsed, no report has been made—the government declare they have applied repeatedly for it, but cannot obtain it.

N.B.—A return of the number of pupils attending each school annually should also have been moved for — also of the burial certificates.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXII.—HOW SWUBS AND OKES ARRIVED AT PARIS.

DINNER and wine have each a most beneficial effect in making us on good terms with one another. What a different footing do people stand upon by the time coffee is announced (I do not mean an unsteady one) to what they did a quarter of an hour before dinner, when they all sat round the fireplace in a formal semicircle, uttering a few of the most commonplace observations, or wondering whether or no there was anybody else coming, and how long it would be before dinner was announced.

The pie and wine had lulled Swubs and Okes into a perfect complacency of feeling towards themselves and companions, and the conducteur, who had also dined at Abbeville, was equally disposed to be friendly. He told them all sorts of diverting accounts of affairs that had taken place on the road whilst he had been connected with the diligence, some of which he had related so often that he actually believed them to be true himself. However, they had the effect of beguiling time, and as Swubs and his fellow-traveller were not behind hand in their own anecdotes, the journey passed with tolerable pleasantry on both sides.

As evening came on, however, and increasing darkness gradually stole over the bare and expansive tract of country on each side of them, the conversation became less animated, and under the combined influence of travelling weariness and brandy-and-water, our two friends bethought themselves of trying to catch a little sleep. Vanneck routed out five or six sheepskins from under the seat of the *banquette*, which proved very acceptable, as the cold was becoming rather uncomfortable than otherwise, and Swubs contrived to establish himself in a corner of the vehicle, in the position best calculated to permit his taking a doze. Okes, on the contrary, crept over the back of the seat, under the luggage tarpaulin, and by changing the positions of sundry boxes and portmanteaux, cleared a space sufficient for him to recline in nearly at full length, wedging himself in with stray carpet-bags, and using his sheepskin for a counterpane. He also took the precaution to fix the bottle of vin ordinaire between two parcels within reach, and placing the German sausage and remains of the pie at the same convenient distance, sang out a "Good night, old fellow!" to Swubs, and was fast asleep ten minutes afterwards. The conducteur commenced another anecdote, but finding, after a little time, that he received no answer to his queries, and heard no notes of admiration at his marvellous points in the narrative, he at length desisted, and began himself to nod, until the necessity of paying the postilion at the next relay aroused him from his fitful dreams.

It was now night. The sky was clear, and myriads of stars were twinkling with frosty brightness in its deep blue vault, barely illuminating, however, the long sweeping outlines of hill and plain, that stretched out on either side the road, where the formal rows of tall spare trees permitted an occasional glimpse of the country beyond. Here and there a solitary farm-house betrayed its locality by the glimmering light from its windows, but with this exception, there was little appearance of human habitations between the villages on the route, the highway everywhere preserving its straight unbroken regularity; and in the villages themselves there was little appearance of life. A single lanthorn was generally displayed at the *Messageries*, and two or three yawning figures helped the postilion and conducteur to change the horses, when all were again quiet, nothing breaking the silence of the night but the rumbling of the diligence over the rough pavements, the conversation the driver was continually addressing to his horses, and the monotonous jingling of the bells on the head-pieces and bearing reigns. As the vehicle, about the middle of the night, entered the market-square of Beauvais, every part of the large city was still as the grave. The very lamps in the streets appeared to be thinking of going to sleep; and the weary passengers, most of whom had enveloped their heads in travelling-caps of a shape and fashion that one only pitches upon in a night diligence, turned out to see what time it was by their watches, with the assistance of the gleaming lanthorn in front of the *coupè*, and finding it much earlier than they expected, snored a few expressions of discontent to themselves, and with their eyes half shut, blundered back to their places.

The long hours of darkness, however, wore on, for every thing must come to an end, whether it be a lingering labour or a winter night, and about five in the morning, the travellers stopped to breakfast at a small roadside inn, which a flaming blue board raised to the dignity of "Poste aux Chevaux." Everybody looked extremely seedy as they turned out for coffee, and a hasty toilet in a pie-dish looking sort of basin did not much improve them. Swubs and Okes preferred a good dashing wash in the horse-trough, which they cleaned out and pumped full again for the occasion, and although it was terribly cold, yet they felt much refreshed after it, and looked quite ruddy and blooming. They had also had the foresight to put their tooth-brushes and combs in their pockets. It was barely light, however, so they were not very particular, but sat down to their coffee and dry toast with as great a relish as if they had been cleanly shaved, and submitted their heads for half an hour to the curling-irons of a hairdresser.

In twenty minutes they were again moving, and now Okes quitted his roosting-place amidst the baggage, and resumed his old position in the *banquette*. As they neared St. Denis, the villages approximated nearer to each other, and when they arrived at that city, the inhabitants were beginning to stir themselves, for the French generally are a very early people, both in getting up and going to bed. There was a little cemetery observable on the left, as they quitted the barrier, and this attracted their attention.

"What the devil's that place?" inquired Okes, as he gazed at the quaint iron tombstones and crosses scattered about its precincts.

"I reckon it's a French Kensall Green," replied Swubs. "What a plummy place for a grab."

"I wonder if there are resurrection-men in France?" observed Okes.

"Oh no—meat is too cheap. That would not be a safe spot though for a dear deceased in England."

"But you know that is all done away with since the Anatomy Bill passed."

Mr. Swubs merely answered by placing his thumb against his nose, and moving his fingers as if he was playing an imaginary cornet-à-piston. When this humorous performance had concluded, he observed—

"And how can you make a nice injected preparation of a head or inferior extremity for a museum, when every thing always must go back?"

"I should like to know how they can tell whether it is all right or no, especially if there are a good many subjects at once in the dissect-

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ing-room. Did'nt you ever hear about old Squaretoes, at —— churchyard?"

Mr. Okes professed ignorance of the anecdote.

"Well, then, I'll tell you, for it happened at our school before you came. It so happened there had been some fatal epidemic in the workhouse we received our subjects from, and they went off as quick as tantits in sulphuretted hydrogen, so that we had more than we knew well what to do with. The pupils thought this was a good time to make preparations—some to carry favour with Snipliver, others to astonish their governors with in the country, and the rest to sell to Alexandre and raise some tin upon. Accordingly they set to work, and you could'at walk through the injecting-room for all sorts of dissections dangling from the gaspipe that ran along the top. In a little time, however, the men in seedy black coats, who always smell of gin and mustiness, came to fetch the bodies away for burial, and nothing would do but every one of the preparations must go back to the coffins which had been assigned to Mary Davis, John Edwards, Matthew Brien, and all the rest of the wizened mortalities that had been brought in."

"And what did you do?" asked Okes.

"What could we? Of course there was a great row amongst the pupils, but Snipliver was told it was contrary to law to keep the preparations, and he requested the students to give them up, which they all did, except Macarthy, who said the law might be damned."

"Did he get his preparation then?"

"Yes—he walked up with it to the hospital, and got the house-surgeon to keep it in his room for him. The house-surgeon, whose time was just up, transferred it to the secretary, with whom he was tolerably intimate, because Mac had gone into the country, and he kept it in his office all amongst his papers. It was the fore-arm, with the muscles and arteries; had never dried thoroughly, so that it began to smell before long, and an old governor who came in there one board day for a piece of the secretary's private bread and cheese (because, you know, the hospital cheese is something like bees'-wax, and condensed impure hydrogen), said he was sure some mice had died under the boards, and reported it at the meeting when he went back. So the secretary was obliged to get rid of it, and Mac, when he came back, wrapped it in some brown paper, and left it one night upon Waterloo Bridge, when it was found next morning by a bill-sticker, and furnished the newspapers with a 'horrible discovery' for the whole of the week."

"But why did not Macarthy take it to his own lodgings?"

"Because he had'nt got any," replied Swubs. He was a fellow that his father had *found out*—a jolly chick, you know, as ever lived, but too jolly for his governor, who kept him very short of tin, so that he never had any lodgings."

"Then what the devil did he do?"

"Oh, laid about upon the other fellow's chairs and sofas, and then passed their latin for them by way of return. He was never found out—spectacles and whiskers did a great deal for him, and he had wonderful command of his countenance."

"But about old Squaretoes you were going to tell me of—who was he?"

"Oh, ay, I forgot," resumed Swubs; "he was the parson, and when the undertaker's men had collected their first body and taken it to be buried, Squaretoes asked the chief of them whether it was a man or a woman? The mute replied, like a cursed fool, he did'nt know, as the gentlemen at the school would'nt tell him, but he believed there was *a little of both*. Whereupon old Squaretoes got in a terrible rage, and refused to bury the body, at the same time sending a short reprimand to Snipliver. Macarthy got hold of it, and returned an anonymous answer, saying, that it was next to impossible to distinguish the various portions, but he thought they had better be buried in one grave, as they could find their different limbs out more readily at the day of judgment, which was very desirable, because he had no doubt there would be a great deal of confusion at that time."

There was now enough moving on the road to keep their eyes fully occupied, and as they approached the conclusion of their journey, the signs of traffic increased, and the straggling houses fell into regular rows. At half-past seven o'clock the diligence drew up at the Barrière St. Denis, and a patrol in dark green clothes, with a short sword in his girdle, mounted into the *banquette* and took his place by their side, the conducteur informing them, that as everything which enters Paris pays a small duty, from an ox to an egg, the functionary had come to inspect the luggage when it should be taken down at the coach-office, and see that they had nothing contraband.

There is probably no place which the traveller sees, for the first time, with such deep disappointment as Paris, more especially on entering it from the North. Our ideas of the French capital are so inseparably connected with brilliant gaiety, increasing amusement, and perpetual holiday keeping, that the narrow streets, dirty thoroughfares, and uninteresting *fauxbourgs* that we traverse between the Barriers and the Messageries, sadly knock the romance of Paris out of our heads. And indeed it is only after a residence of some little time there, that its real delights and advantages can be found out and appreciated. I am English, heart and soul, and hope ever to continue so, but I have never joined those who rail against French manners and living, because they did not exactly coincide with their own tastes. On the contrary, for the young and lively, the scholar and libertine, the men of science, and the man about town, the exquisite and the antiquary, the lovers of delicate refinement and noisy revelry, for each and all, if there is a paradise upon earth, it is Paris.

The diligence crossed the Boulvart Montmartre, not particularly lively at this time in the morning, and rumbling down the Rue de Grenelle, passed under an archway, and entered the largest coach-office in the world—the *Messageries Generales de Laffitte, Caillard, et Com^e., Rue St. Honorè, No.* 130, an inscription that will come home to all those who have travelled in France. We have nothing in London like this establishment—not even if the Bull and Mouth, and Golden Cross, and George and Blue Boar, were all put together. It is an immense area, surrounded by different *bureaux* for booking your place to all parts of the globe, and the unemployed diligences are ranged round its circumference like so many reposing elephants. The names over the offices will give you a slight idea of the enormous traffic going on here, for a place where you can pay your fare to Milan, Rome, St. Petersburg, Algiers, and Constantinople, is no common coach-office.

Swubs and Okes soon descended, and having got down their trunks, gave up their keys, and permitted them to be searched, which is here little more than a matter of form. This process being concluded, they deposited them in a *citadine* (a little vehicle analogous to our four-wheeled cabs), and then, by the advice of Vanneck, drove to the Hotel Corneille, in the Place de l'Odeon, having left London on Wednesday at six in the morning, and reached Paris on Friday at eight ditto, the quickest time that the journey can comfortably be made in, allowing a clear night's rest, and a few hours besides at Boulogne.

ROCKET.

(To be continued.)

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

April 29, 1841.

Dr. Williams, President. Read, 'Observations on the Anatomy of the Lungs. By T. Addisson, M.D., Physician to Guy's Hospital.'—The author begins by expressing an opinion, that notwithstanding the attention which has been devoted of late to morbid anatomy, it is by no means apparent that these researches have been made sufficiently available to explain the function and structure of obscure, intricate, and complicated parts of the body in a state of health.—Proceeding on this principle of rendering healthy and morbid anatomy materially subservient to the elucidation of each other, the author hopes that he has succeeded in illustrating, if not demonstrating, certain points of great interest with reference to the lungs, some of which have been already pretty generally admitted, whilst others are perhaps altogether novel.—The results of his investigations seem to him to prove, almost beyond dispute, that the aerial cellular tissue of the lungs is made up of well-defined, rounded, or oval lobules, united to each other by interlobular cellular membrane, each lobule constituting a sort of distinct lining in miniature, having its own separate artery and vein; that those lobules do not communicate directly with each other; that they do not, as Reissessen has supposed, consist of the globular extremities of as many bronchial tubes, but, on the contrary, as Dr. Hodgkin has supposed, are made up of a collection of cells, in which, by a common opening, a minute filiform bronchial tube abruptly terminates, that the pulmonary artery accompanies the bronchi, branch for branch, to the minutest divisions of the latter; that pneumonia consists essentially of inflammation of the aerial cells; that pneumonia and inflammatory tubercle are identical; that acute pneumonia in healthy constitutions scarcely ever leads to the formation of an abscess, unless deposit previously existed, but that when it occurs in cachectic or broken down constitutions, or supervenes in the progress of organic diseases, it causes one or more distinct lobules to soften down into an ill-conditioned abscess; that ordinary tubercles present the same varieties in the lungs that they do in serous membranes; that emphysema of the lungs consists chiefly of mere dilatation of the cells, but in part, also, of more or less extensive laceration of them; and lastly, that the circumscribed gangrene of Laennec is commonly, if not uniformly, a mere effect or advanced stage of pulmonary apoplexy.—The author's object, however, in the present communication, is not to solicit attention to any of these matters, but merely to point out a mode of distribution of the pulmonary veins, which has not, as far as he knows, been noticed by any preceding anatomist. After having cited passages from the works of Cloquet, Meckel, Adelon, and Bichat, touching the situation and course of the minute pulmonary veins, the author proceeds to show the mode of distribution which his own dissections appear to him to demonstrate. It would exceed the limits of an abstract to give the author's description at length; suffice it to say, that the lung is made up, essentially, of a vast expanse of membrane, the interior of which is unceasingly exposed to the influence of atmospheric air, and upon the surface, or in the substance of which, are spread

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out the capillary ramifications of the pulmonary artery: these arterial capillaries passing from thence to the exterior of the membrane, to form the pulmonary vein, which, throughout its whole course, is found to be situated in the exterior of the aerial cellular structure of the organs.—The author indulges a hope, that with a knowledge of this striking distribution of the pulmonary vein, we shall in future be more successful in our investigations into the pathology of phthisis, and especially that it will set at rest the long-agitated questions respecting the origin and seat of pulmonary apoplexy.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

STRANGULATED FEMORAL HERNIA—ARTIFICIAL ANUS—CURE.

CHARLES LUTWYTCH, æt. 51, admitted January 30, at three o'clock, P.M., under the care of Mr. Quain (dresser, Mr. W. Barker), of slight conformation, good previous health, regular in his habits, and accustomed to labour in a gas manufactory. About twenty-one years ago, he perceived a tumour, "smaller than a nut," in his left groin, which gave him no uneasiness, but became gradually larger, and never disappeared. A second tumour appeared about twelve months since at the opposite side, and he then obtained a double truss. The first formed hernia was found to be irreducible; that last formed was readily replaced, but it has occasionally descended since that time, and has been as easily replaced; his bowels have not been opened for the last two days.—During part of yesterday, and the whole of last night, he was actively engaged in carrying sacks of coal (having on his truss). About nine o'clock this morning he felt very unwell; had an inclination to vomit and to go to stool, and felt pain in the abdomen and in the tumour of the *left* side, which, on examination, he found to be harder and larger than usual; being obliged to cease from work, he went home and took an ounce of Epsom salts, which was soon followed by a scanty solid motion.

On admission.—There is pain over the abdomen (aggravated by pressure), which is tense and tympanic; he has constant nausea, and occasionally vomits a thin, greenish fluid; he is restless and agitated; pulse 50, and small. There is no tumour at the right side, but at the left side is situated a tumour presenting the usual characters of a femoral hernia. It is the size of a goose-egg, tense, painful on pressure, not preternaturally hot, neither is there any discolouration. Being placed in a favourable position for the application of the taxis (with a hope of reducing the part which had last descended), it was tried, but without effect; and a second attempt was made, after he had been placed for some minutes in a bath of Fahr. 100°, but without a favourable result.—Six o'clock, P.M. He refuses absolutely to submit to an operation. The abdomen is now more tense and tympanitic; tongue dry, but clean. The vomiting still continues; the griping pains are less severe; an elastic tube was then passed up the large intestine to the extent of two feet, but no air escaped, and no benefit resulted; and it being evident, from the state of the tube when withdrawn, that the lower part of the intestine was loaded with fæcal matter, a copious enema was exhibited.—Nine o'clock. The enema brought away two stools of comminuted solid fæcal matter, and, at the same time, some urine was voided. The vomiting continues, and the abdomen is more tense; the tumour is in the same condition.

Operation.—He now consented to the operation, which was performed by Mr. Quain. The integuments being held in a fold, an incision was made across the narrow diameter of the tumour, and directed obliquely inwards; a second incision, directed inwards, joined this nearly at its centre, and at right angles Y, the former being about three inches in length, the latter one inch. Then by carefully cutting down on it, the sac was exposed, and laid open on a director; this exposed a large mass of brownish omentum, marked by highly-congested vessels; on turning this outwards, some folds of intestine were seen (at the inner side), of a deep and uniform slate colour, and without any appearance of ramification of blood-vessels. The sac contained no fluid, and the omentum was adherent firmly to its neck; the intestine was entirely unadherent. The sac being held aside by the assistant, Mr. Quain passed the forefinger of his left-hand down the stricture, which was remarkably tight; and with the other hand using Cooper's hernia knife, guided by the finger of the left-hand, divided the stricture, by cutting slightly inwards; this being found insufficient, a second small incision was made in the same manner, and in the like direction. When returning the intestine, some thin fluid fæcal matter was seen to escape from its anterior portion, at the distance of an inch and a half from the stricture; and, on examination, an opening was observed in this situation of about four lines in diameter. The edges of the opening in the intestine were very soft, dark-coloured, and irregular; and within a few lines of it was situated, on the same plane, a spot of about the same size, or rather smaller, of a very dark colour, differing much in appearance from the rest of the intestine, and evidently in a state of gangrene. The operator then passed a loop of thread through the sound portion of intestine, at the sides of the opening, and then returned the remaining portion, leaving the opening at the neck of the sac. The omentum was then removed with a knife, and the loop of thread secured round a fold of lint in order to keep the perforated part of the intestine for the present at the neck of the sac; a layer of lint was placed over the wound, and the patient removed to bed. Shortly afterwards, two small omental arteries began to bleed, and required ligatures. During the application of these there was a gush of fluid from the wound; it was clear, but slightly tinged with blood. The fluid obviously proceeds from the cavity of the peritoneum.

31. One o'clock, A.M. The same fluid comes from the wound in abundance. There is still tenderness of the abdomen; but the tension is less, and he has no vomiting; he complains of thirst; pulse 60, rather hard. Ordered to have—

℞. Calomel, gr. ij;
℥ Muriate of morphia, gr. ¼.

To be taken every alternate hour. Toast-water for drink; and a warm poultice over the abdomen.

Eight o'clock, A.M. He has had some hours' sleep. The bed-clothes are saturated with the discharge of serous fluid from the wound; there is less tenderness, and much less abdominal tension; some air passes from the wound, and relieves occasional griping pain.

One o'clock, P.M. The tenderness on pressure is increased. To have tartar-emetic, ¼ grain added to each pill, and to have a sinapism applied to the abdomen.

Ten o'clock, P.M. The discharge of fluid through the wound is now much lessened; the abdomen is tumid, and tender on pressure, though relieved in the morning by the sinapism; pulse 76; some dirty, brownish matter, of a disagreeable odour, escapes from the wound. Eighteen leeches to be applied to the abdomen, and succeeded by fomentations.

Feb. 1. Has rested well; less tenderness over the abdomen; discharge of serous fluid has ceased; but now there is an abundant discharge of thin fluid fæces from the wound, which looks well; pulse 86, and complains of thirst. To have but 1-16th of a grain of morphia in each dose.

Vespere. Doing well; pulse 90. Some grease applied around the wound, to prevent excoriation; and the fold lint removed, by cutting across the thread.

2. There is no particular change; mouth rather tender. To omit the pills.

3. There is less tenderness of the abdomen; pulse 64. He has had an abundant fæcal discharge by the rectum; the discharge from the wound is less. The loop of thread is withdrawn from the intestine.

Vespere. In the early part of the day he had several discharges, by the rectum, of a slimy matter, with some traces of blood, and attended with griping pain. To omit the powder; to have morphia, ½ gr.; and an enema of starch and opium.

4. Not so well. Tenderness of the abdomen still continues; pulse 60, and compressible; bowels moved three times, and tenesmus still continues. To have six minims of sedative solution of opium in half an ounce of mint-water every four hours. Sinapisms to the epigastrium, and fomentations.

Vespere. Nearly as before; tenesmus is, however, less, but the bowels are much relaxed. Substitute for the last medicine, a scruple of chalk-powder with opium, and ten grains of catechu, to be taken every four hours.

5. He is better in every respect. The discharge from the wound is healthy; bowels act less frequently, and the evacuations are unattended by pain; feels weak. To have beef-tea in addition to rice-milk.

Vespere. There is an increase of tenderness over the abdomen; has little inclination for food, but wishes for cold drinks; pulse 72, fuller; tongue coated. Omit the powders, and apply twelve leeches to the abdomen.

6. Is better; but the skin of the upper and inner part of the thigh is much irritated from the effect of the discharge by the wound. To apply oxide of zinc, diffused in water, to the excoriated parts.

7. Much improved, but feeble. To have half an ounce of wine in some arrow-root occasionally.

8. Doing well. Less fæces come by the wound, which looks very healthy, though not granulating as yet. Expresses himself much comforted by the zinc lotion.

10. Doing well. Wound granulating, and less discharge of fæces from it; some slight tenderness of epigastrium. Six leeches to this region.

14. Progressing favourably. Bowels not opened in the natural way; fæces come from the wound freely. Wishes for some meat; to have a chop, but no vegetables.

15. No evacuation from the rectum. To have a laxative enema.

16. Decidedly improved. Enema was followed by a healthy fæcal motion. The wound is granulating rapidly. Wine 3ij daily.

17. Bowels opened rather scantily, and with some traces of blood. To have castor oil, ℥ss, with tincture of henbane, ℥ss.

20. There has been no intestinal derangement; and, in last report, bowels regularly moved. Discharge from wound is much diminished.

March 5. Wound completely cicatrised; health very good; and he is now free from all trouble regarding the hernia of the left side; that of the right side has not descended since the patient had been in the hospital.

10. Is in excellent health and spirits, and feels no inconvenience of any kind. There is no tension of the abdomen, or at the cicatrix; neither does he feel any tightness, or drawing sensation, when he bends the trunk backwards.

15. Cured.

NOTES FROM MR. DERMOTT'S INTRODUCTORY LECTURE.

THAT some men are tolerably clever upon the strength of experience and opportunities, who have been primarily pushed into a favourable position in the profession, is not the argument—the question is, how many of the *deserving* are kept back by this system of patronage, and to what an infinite extent thereby must the interests of the public suffer?

When I see that ill-qualified persons and empirics are not only tolerated, but likely to be confirmed in their evil practices by government—when I observe the course of medical pupilage becoming so expensive as to exclude many who would prove the most industrious, also contributing to annihilate gradually the private schools—when I see patronage bearing its contaminating, all-powerful, and deadly sway over the profession—when I observe moreover, a new species of patronage on the eve of starting up in full force, that of *political partizanship* which will be developed by a bill of mock Medical Reform—in other words, a mere Medical Registration Bill (for Mr. Hawes's will

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not be carried, but Mr. Warburton's will), providing snug births for not a few, at the expense of the profession — when I also see the chicanery of those who should, and could, long since have occasioned a salutary change in the profession, together with the insidious attempts practised by some of these to destroy the private schools, which has been more particularly attempted to be effected by interested and political jobbers through the medium of the evil administration of the Anatomy Act, (but which result cannot and shall not be effected as long as I am a teacher), and which said destruction of the private schools would destroy all rivalry between teachers, and would reverberate more particularly upon the heads of the pupils;—when I have all these facts staring me in the face, I *cannot* congratulate the profession upon its prospects.

But be assured of this, gentlemen, if you do not study you must sooner or later wantonly sacrifice human life, whether your culpable ignorance and deficiencies shall chance to be exposed thereby or not.

Surely this fact alone should be sufficient to make a gentleman study—there is no character more despicable, no individual more devoid of conscience, than a medical pupil voluntarily devoting himself to a course of idleness and dissipation. Let me hope and sincerely pray that this will not be the case with any composing my class.

FOREIGN HOSPITALS.

HOTEL DIEU.—M. CHOMEL.

COINCIDENCE OF AFFECTIONS OF THE HEART, WITH ACUTE ARTICULAR RHEUMATISM.

Of 31 patients, affected with acute rheumatism, treated in our wards during the bygone session, I alone had presented morbid phenomena of the heart *(palpitations, essouflemens,)* before the occurrence of the rheumatic affection. In another patient, the articular rheumatism was immediately followed by symptoms of disease of the heart.

These results perfectly agree with those which I have observed in former years, dating from 1837, at which period I commenced my researches on this subject.

During 4 years, 86 cases of rheumatism have been received into our wards. Of these 86 patients, 6 laboured under organic disease of the heart previous to their first rheumatic attack; 4 only became affected with heart disease subsequently to their being first attacked with rheumatism.

From these observations it follows, that the supervention of organic disease of the heart, on acute rheumatism, occurs much more rarely than M. Bouillaud supposes. It also follows that pericarditis and rheumatism is far indeed from being a constant complication of acute rheumatism; for, were they so, organic disease of the heart should follow acute rheumatism much more frequently than in point of fact it does. The statements, therefore, that have been made on that subject are far too general and absolute.

Bruit de soufflé.—I have also investigated the proportional frequency of *bruit de soufflé* in my rheumatic patients, and have found that in 31 patients received into our wards this year, this phenomenon existed in 7 cases only, in 2 of which its presence was so faintly marked as to be only suspected.

During the last 4 years, in these 86 cases, the *bruit de soufflé* was detected in 29 instances; in some, but for a few days, which was a little more than a third, or 1 in 3.

But in order to estimate the just value of this symptom, to ascertain whether, as some maintain, it is in a manner indispensably connected with rheumatism, I have examined whether it may not occur in other acute diseases where its presence could not be explained by supposing the existence of pericarditis or endocarditis. On this point I have obtained the following results from the examination of all the cases of acute disease admitted to our wards this year, excluding, of course, all the cases complicated with organic disease of the heart.

The *bruit de soufflé* then existed—

1st. In 3 cases of pneumonia that completely recovered; in a 4th fatal case, in which the sigmoid valves were slightly thickened; and in a 5th case, also fatal, the *bruit de soufflé* was so decided as to excite suspicion, that endocarditis existed; but yet not the slightest sign of that or any other affection of the heart could be discovered.

2nd. In 3 cases of small-pox, the *bruit de soufflé* existed, and disappeared along with the disease, without leaving behind the slightest symptom of any organic alteration of the heart.

3rd. The *bruit de soufflé* also existed in a fatal case of typhoid fever; but, on dissection, not the slightest trace of disease could be detected in the heart.

4th. In a case of simple bronchitis a very evident *bruit de soufflé* existed.

5th. In a case of acute metritis a slight *bruit de soufflé* accompanied the first sound of the heart.

The *bruit de soufflé*, then, is far from constantly accompanying acute articular rheumatism; and does not exclusively appertain to that malady, being observed in other diseases, though certainly less frequently.

HOPITAL DES ENFANS.—M. GUERSENT.

OPERATION FOR STUTTERING FOLLOWED BY OBSTINATE HÆMORRHAGE.

M. GUERSENT observed that, notwithstanding the assertions of many, that complete success follows operations for stuttering, several surgeons who have practised it repeatedly in Paris, have, in the most successful cases, obtained but a certain degree of amelioration of the infirmity, and have never succeeded in completely removing it. That doubtless no surgeon in Paris had repeated M. Dieffenbach's operation of dividing the base of the tongue; and probably surgeons would be less inclined to do so now, as M. Dieffenbach, in performing it lately, lost one of his patients (a medical student) from hæmorrhage.

M. Guersent said he had operated, according to M. Amussat's method, on ten stutterers, nine of them adults, one aged twelve; that the nine adults all conceived that their infirmity was ameliorated immediately after the operation; but that he must acknowledge, he could with difficulty perceive any alteration in their articulation; one patient indeed spoke well after the operation, but the infirmity slowly returned. None of these patients sustained any unpleasant symptoms after the operation; but such a favourable result should not be always calculated on, as he had known most alarming hæmorrhage occur in other cases.

M. Guersent then alluded to the child on whom he had operated. This child, a fact of which he was ignorant, was eminently subject to spontaneous hæmorrhages, having been on several occasions attacked with alarming epistaxis, and in other instances with bleeding from the mouth. A few days before the operation also, and while in hospital, the extraction of a tooth was succeeded by hæmorrhage, which was arrested with difficulty. In a word, an hæmorrhagic diathesis existed, of which I remained ignorant, in consequence of neglecting to inquire into the antecedents of the patient; but I may confess, that a knowledge of the fact would not probably have deterred me from the operation, so convinced was I at the time of its harmlessness.

At the moment of the operation about half a wine-glass full of blood was lost. The next day, Friday, copious bleeding came on, and was checked by plugging the wound with lint, steeped in a solution of alum. On Saturday the bleeding returned, and was similarly stopped, and did not again recur till Monday, when it was calculated that about two pounds were lost. The actual cautery was then applied to the entire surface of the wound; and, as the blood still oozed at the termination of the hospital visit, the actual cautery was again applied. On Tuesday morning the bleeding reappeared, and the red-hot iron was again applied, and, strange to say, during its application the blood seemed to gush out on the iron with increased violence. The cauterization had to be renewed seven times, and, as the blood still oozed, pledgets of lint, steeped in a solution of alum, supported by slight pressure, were applied to the wound. On Wednesday evening a slight oozing of blood commenced, and continued on Thursday morning. The patient was then pale, but the pulse, beating 120, was not very weak. The compression was continued, and matters went well until Friday, (the 9th day,) when the hæmorrhage reappeared, slightly however, and was restrained by means of Brocchieri's styptic water. On Saturday, Tuesday, and Wednesday, there was again slight bleeding, which was, on each occasion, checked by the styptic wash or powdered alum. On the following Saturday, (May 1,) the bleeding had not again occurred, and there was every reason to believe it has finally ceased.—*Gaz. des Hopitaux.*

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES.—APRIL 26.

EMBRYOGONY.—CONTENTS OF THE GERMINAL VESICLE.

M. COSTE read a memoir, entitled 'Microscopic Researches on the contents of the Germinal Vesicle, in all the classes of the animal series, and on the function which it discharges in the act of generation.'

By microscopic examination of the germinal vesicle, it has been ascertained that there exists in the liquid, which it contains, a regular mass of granules, more or less lenticular in shape, and applied to some part of its internal surface. When the presence of this compound corpuscle, or spot, as it was at first called, was ascertained, it was supposed to be the true germ, ready formed, and living previous to conception.

As, however, this supposed germinal spot, or corpuscle, is not recognisable in a great number of animal species, and as, in many of these species, the matter contained in the cavity of the vesicle is permeated with a variable number of minute globular points, it has been supposed that in the absence of a single germinal spot, the sum of all the isolated corpuscles may be considered as its equivalent. The object of M. Coste, in his memoir, is to establish the following points:—

1st. Neither the simple spot, nor the more or less numerous corpuscles, which have been observed in the cavity of the germinal vesicle, can be, by any means, regarded as a living germ formed antecedent to conception.

2d. The parietes of the germinal vesicle are absorbed and disappear at the very moment when the ovum is about to be detached from the ovary.

3d. In consequence of the absorption of the parietes of the germinal vesicle, its contents become effused and remain in the cicatrix aiding in filling it up, and becoming confounded with its

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granular tissue, forming with it a homogeneous and continuous mass; so that the cicatrix no longer having the vesicle existing in its centre, is converted into a disc exclusively granular, of which disc the contents of the germinal vesicle form the central part.

M. Coste states, that as the cicatrix exists previous to conception, and as the new being is developed within it, we should conclude that, even before the intervention of the male, it is already the fundamental element prepared previously as the material base of the future animal—a destination which it cannot, however, completely fulfil until under the influence of impregnation.—*L'Experience.*

ROYAL ACADEMY OF MEDICINE, PARIS.

April 27.

M. LOUVRIER'S OPERATION FOR ANCHYLOSIS.

M. Berard read a report on M. Louvrier's treatment of anchylosis of the joints of the lower extremities by means of sudden and forcible extension with a machine, contrived for that purpose. The machine has been applied in 22 cases, in three only of which bad results followed. Most of the patients experienced excessive pain at the moment of the operation. In no case was the mobility of the joint completely restored. In some instances, the tibia was luxated slightly backwards on the femur; partly in consequence of the resistance offered by the patella which was adherent to the anterior surface of the condyles of the femur; partly owing to atrophy of the articular extremity of the tibia. The patients who derived most benefit from the operation, were yet unable to walk without the aid of a stick, one alone could dispense with such support, but nevertheless continued to limp.

As to the three cases which proved unsuccessful, the 12th patient operated on was the first of the number. The case was that of a female affected with complete anchylosis of the knee, the leg being flexed to such an extent, that the heel touched the thigh. The application of M. Louvrier's apparatus was followed by tolerably extensive laceration of the skin, luxation of the leg on the thigh posteriorly, and copious suppuration, which terminated in death three weeks after the operation. On dissection, the articular extremities of the bones constituting the knee-joint overrode each other to the extent of three inches, and the joint was filled with pus. The popliteal artery was inact, the popliteal vein was filled with pus, and its coats thickened. Several muscles were torn and softened; the crucial ligaments were softened, and the posterior one torn from the condyle of the femur, a portion of which adhered to its extremity.

The second of these patients suffered exquisite pain at the moment of the operation, the suffering being so extreme as to produce a kind of aberration of intellect for some time. The following day, symptoms of sphacelus appeared in the leg and foot, the limb was subsequently amputated, and the patient recovered.

The third patient was a young girl, whose knee was bent at a right angle: the operation did not completely straighten the limb, an object which M. Louvrier attempted to effect, by applying a splint on the limb, anteriorly. The following day a slough appeared on the front of the joint, and on examination, a comminated fracture of the femur was detected. The patient died about six weeks after the operation.

One of the patients on whom the operation was performed without the supervention of any ill consequences, having accidentally died from another cause, an opportunity was afforded of examining the condition of the joint. The tibia was luxated backwards on the femur, and the internal condyle of the latter bone was fractured.

M. Berard then examined the various means that have been proposed for the cure of anchylosis, especially M. Barton's method of forming an artificial false joint, the method of gradual extension, and finally, the mixed method of M. Duval, consisting in the subcutaneous division of the ham-string tendons, and the subsequent gradual extension of the limb by means of an appropriate apparatus, and gave the preference to the last proceeding. M. Louvrier's method, seeing how small was the number of serious results, might perhaps be regarded with some favour, if these bad results were balanced by any corresponding advantages. But this unfortunately is not the case, as, in what are called the successful cases, the limb remians motionless, playing in fact the part of a wooden leg.

The conclusions of the report were as follow:—

1. M. Louvrier's apparatus produces an immediate straightening of the anchylosed limb.

2, Its application is not, in general, followed by any bad consequences, whether immediate or secondary.

3. When bad consequences do follow, they are of the most serious kind, and compromise life.

4. None of the patients operated on recovered freedom of motion in the joint; and, consequently, the use of Louvrier's apparatus should be rejected.

M. Bouvier, in approving of the conclusions of the report, said, that gradual extension, without division of the tendon, succeeded in certain cases. The condemnation of sudden extension should not be applied indiscriminately, though, as performed by M. Louvrier, it was objectionable. But Dieffenbach was in the habit of employing sudden extension, not however until he had previously divided the tendons, which gave more favourable results, and avoided the danger attending on M. Louvrier's plan.

M. Berard thought sudden extension dangerous, even according to Dieffenbach's plan, and mentioned a case in which it had proved fatal, in M. Dieffenbach's own hands.

M. Gerdy considered M. Louvrier's method as rude, brutal, and opposed to every rule of science. He was astonished that M. Louvrier had been able to find, in Paris, any one to encourage him, or who permitted him to practise in their hospital his barbarous proceeding, and thus compromise the lives of their fellow-creatures, and the reputation of their hospitals and of their clinical instruction, the proper province of which was to instruct the students by examples, which they were to follow. M. Gerdy regarded this but as an example of the mercantile spirit of the day which had invaded France and all Europe, to the great degradation of medicine. Modern surgery, he said, aimed at bold operations, irrespective of prudence, foresight, or the established rules of art. A profitable line of industry might, no doubt, be thus established by the performance of mercantile operations; but if this condition of things continued, science would be smothered by money speculations. He would never cease to the utmost of his power to openly oppose, whether in the Faculty of Medicine or in the Academy, that shameful charlatanism, whose only aim was gold.

M. Velpeau agreed in the condemnation of M. Louvrier's method, but he did not agree in the apprehensions entertained generally by surgeons with regard to sudden extension; it was not, in reality, so dangerous an was commonly thought—the difficulty lay in discovering a safe and suitable method of performing it. For his own part he had been far from encouraging M. Louvrier, for he had done all that lay in his power to dissuade him from attempting the operation. The patients operated on by M. Louvrier, at La Charité, had been treated by M. Louvrier exclusively. He (M. Velpeau) had been merely a spectator of the proceeding, to which he was a party no further than in permitting the patients to be accommodated in his wards. So far from deserving blame, he thought those surgeons who gave an opportunity for the performance of those experiments in the public hospitals deserved thanks. Without their assent, no public judgment could have been passed on the proceeding—the cases of failure might have been concealed, and the cases of success trumpeted forth; and a mischievous operation might thus have obtained a popular reputation.—*L'Experience.*

MEDICAL OBITUARY.

On the 13th inst., at Clare House, Hampstead, James Hope, Esq. M.D., of Lower Seymour Street, in the 41st year of his age.

REPORT OF THE COMMITTEE OF CHEMISTS AND DRUGGISTS,

Appointed at a Public Meeting held at the Crown and Anchor Tavern, Strand, on the 15th of February last.

Your committee, immediately upon their appointment, opened a communication with the chemists and druggists of every town in England, and of some towns in Ireland and Scotland, requesting the co-operation of the members of the trade, and soliciting subscriptions to enable them to offer the most powerful and effectual opposition to Mr. Hawes's Bill; and your committee had the satisfaction of receiving, not only promises of support, but liberal subscriptions from many places.

Agreeably with the instructions of the general meeting, your committee proceeded to the appointment of a deputation, for the purpose of conferring with Mr. Hawes, on the subject of postponing the second reading of his Bill; *to which request Mr. Hawes readily acceded*, and also undertook to erase from the said Bill every clause having special reference to the chemists and druggists.

Upon the introduction of Mr. Hawes's second Bill, your committee, acting under the advice of their counsel and solicitor, *determined to offer it their most powerful opposition*, as the provisions of the latter Bill had an injurious power over the interests of the chemists and druggists equal with that of the former.

Your committee, through their solicitor, thereupon required of *Mr. Hawes that he should insert a protective and explanatory clause, which should render the Bill totally inoperative upon the interests of chemists and druggists. To this Mr. Hawes has assented; and should the Bill pass a second reading, the said clause will be duly inserted.*

Your committee, however, are bound by Parliamentary usage to *offer an opposition to the second reading of the Bill*, and they have caused a petition to be presented to the House of Commons against the measure.

They have also sent a copy of the same to almost *every town in England, requiring the members of the trade, in the various localities, to forward a petition, on their own parts, against the Bill, and to instruct their representatives in the same opposition.* Your committee had the satisfaction of finding that, upon a second reading of the Bill being attempted, a large number of petitions were presented against it, and the House was "counted out." Your committee, though warranted in expressing an opinion that this Bill will not pass, are yet aware of the undiminished necessity of watching any further attempts to accomplish that object.

In the progress of their proceedings, your committee ascertained that the College of Physicians, the College of Surgeons, and the Apothecaries' Company had conjointly proposed obtaining some legislative enactment, by which the chemists and druggists were to be, for the future, placed under the government and control of these learned bodies, more especially of the Society of Apothecaries.

A deputation from your committee, therefore sought and obtained an interview with the College of Physicians and the College of Surgeons, respectively, and received from the former an official notification that it was their intention to introduce into their proposed measures of medical reform, a provision by which the chemists and druggists should thenceforth be placed under some legislative control; and your committee have, therefore, again assembled you for the purpose of receiving new instructions and enlarged powers to meet present and future circumstances.

Your committee having considered the sub-

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ject, are of opinion *that the chemists and druggists are capable of self-government*; they, therefore, recommend that the chemists and druggists of the empire should immed ately form themselves into a permanent association, to be denominated the "Pharmaceutical Society of Great Britain," having for its object the union of the members of the trade into one body—the protection of the general interest—and the improvement and advancement of scientific knowledge. As the basis of such union, your committee would recommend the adoption of education, examination, registration, and representation, as involving beneficial results to the public in general, and to the chemists and druggists in particular; and offering to the existing medical corporations, and to the medical profession at large, a guarantee, that whilst the chemists and druggists are anxious to retain their present privileges, they are disposed to afford every public evidence of their fitness to exercise them.

JOSEPH GIFFORD, Chairman.

VACCINATION ACT AMENDMENT BILL.

THIS Bill, brought in by Mr. F. Maule, M.P., and Sir T. Wilde, M.P., professes to act as follows, viz.:—"That it shall be and be deemed to have been lawful for the guardians of every parish or union in England and Ireland, and the overseers of every parish in England, by whom the contracts for vaccination may respectively be or have been made under the provisions of the Act 3 & 4 Victoria, c. 29, to defray the expenses incidental to the execution of the said Act out of any rates or monies which may come or may have come into their hands respectively for the relief of the poor.

2. "That the vaccination, or surgical or medical assistance, incident to the vaccination of any person resident in any parish or union, or of any of his family, under the said Act, *shall not be considered to be parochial relief, alms*, or *charitable* allowance to such persons; and that no such person shall, by reason of such vaccination or assistance, be deprived of any right or privilege, or be subject to any disability or disqualification whatever."

BOOKS RECEIVED FOR REVIEW.

On Gout: its Causes, Nature, and Treatment. By John Parkin, M.D., M.R.C.S.L. 8vo. Pp. 140. Hatchard and Son.

The Transactions of the Provincial Medical and Surgical Association. Vol. IV. Pp. 583. London: Churchill; Sherwood, Gilbert, and Piper. Worcester, Deighton.

MEDICAL PROFESSION BILL.—Mr. Liston, M.P., for Coleraine, has just given notice that he will move the following clause in committee on the above bill.—"That no person shall practise pharmacy by compounding and selling medicine for the relief or cure of disease, unless such person shall have obtained a license to practise the same from one of the bodies at present legally entitled to grant it; always, however, saving the rights of individuals who have been, previous to the passing of this bill into law, practising as such in England and Wales, and also all vendors of patent medicines whatsoever."

ERRATA.—No. 78, p. 289, for 'two Gravelines,' read 'Avelines.'—Vol. IV., No. 81, p. 14, for 'Turner, Merthyr Tydvill,' read 'James, Surgeon! Druggist!! Stationer!!! and Bookbinder!!!! A Jack of all trades and master of none! (A.D., 1838, Mem.)—No. 84, p. 45, for 'Shopocrates,' read 'Shopocrats.'—Same No. p. 50, for 'is capable,' read 'if capable.'—Same No. p. 50, for 'Dargons,' read 'Pargons.'

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May 15, 1841.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED.

NO. XI.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

Barber-Surgeons, Regular Surgeons; also Herbal Doctors, and Dames, tolerated by Law.

Before we proceed to the Apothecaries' anti-quack clauses, it is necessary to recur to the Acts of H. viii. to decide which are operative or obsolete.—In Article IX., May 8, we observed that, "if the Old Woman's and Quack's protecting Act (24 and 26 H. viii.) be not an obsolete or dead-letter Act, or invalidated by subsequent enactments, the people still have a right of practising irregularly and empirically as herbalists, in medicine and surgery, without qualification by education or law. This right of practising in a domestic and private manner is confirmed out of doubt to men and women in England by the Act as cited." But it appears, on further inquiry into these ancient laws, that the practice of old women and rural herbalists, having "knowledge and experience of the nature of herbs, roots, and waters," was limited to all outward sores, and certain inward maladies stone, &c., before mentioned in 24 and 26 H. viii., 1542-3, but not permitted to extend to the general practiser in all diseases.

The Acts of the 34th and 35th H. viii. also allowed women "to practise surgery," and made it lawful for "every person, being the King's subject, skilful, &c., to administer outward plaisters, and poultices, &c., to outward sores or diseases, according to skill and knowledge, and also in the stone and such other like diseases." But it is said, and shown by certain decisions, that the Act, 3rd H. viii., the Witchcraft and Sorcery Act, and Act of bishop-made physicians and surgeons, which was the basis of the Surgeon-Barbers' Act of 32nd H. viii., 1540, was repealed, the latter in two points as to "the practice of physic," but did not extend to outward applications by the Acts of 34 H. viii., 14 H. viii., and 1 Mary, which was enacted to suppress unskilful men. The 34th of H. viii. does not interfere with 14 H. viii, but the preamble does. The 1 Mary took away the privilege given by 34 H. viii., of which the effect is to confirm 14 H. viii.; 34 H. viii. impeaches 14, and is therefore impeached itself by 1 Mary. But if Act 34 H. viii. allowed men to give medicines, it is at their peril, for if a man die under their hands, they are liable at common law. [*See Case of Butler's, Wilcock's Medical Law.*]—It does *not give licence* against 14 H. viii. to any person to practise *for gain and profit.* It was directed against covetous surgeons, and meant to license good honest people, old women, such as are inclined to give physic through charity and piety, and not empirics, who expect gain from it. The 34 H. viii. allows old women to apply potions in agues, stone, and strangury.

It therefore does not appear that the Acts of the 24 or 26, or 34 or 35 H. viii., entitle any UNQUALIFIED or UNLICENSED person to practise as herbalist and rural empiric, at least within London and seven miles of its precincts, though as many now do as choose in the country. It appears by the case of Butler that in consequence of the 14 H. viii., and 1 Mary (Bloody Mary) to suppress unskilful men, the Charter gave power within the above limit to prosecute practising herbalists as mock physicians, and recover a £5 penalty for every month they practised; and 14 H. viii., and the College privileges in Charter of 35 H. viii., were repeated and confirmed by 1 Mary. The Courts have evidently leant to the Colleges and Regularity, in these decisions, against Quackery.

With respect to the Surgeon-Barbers' Act of 3 H. viii, for bishopping men into physicians and surgeons, the former right of licensing physicians has lapsed from the after enactments of the College of Physicians; but it also appears from Mr. Wilcock's 'Medical Law,' which is not a dry legal work, but written in a lively, historical, and interesting style, that the bishops by its authority may still license as surgeons, (but not physicians against the College of Physicians,) rural doctors or empirics, of good reputation for skill in herbs, &c. It is entitled the Surgeon's Act. It is the Act, as our readers will recollect, which we pointed out as legally qualifying rural doctors and empirics, and so providing against sorcerers, witches, blacksmiths, &c., in 'Medical Times,' No. 84, vol. iv. p. 45. The clergy, &c., who practised physic, were resolved to purify physic from the "supernatural attainments of those quacks who sprung up and competed strenuously with them after their own mode of pretensions, by appointing all diocesans and two doctors 'to exercise the fiend,' and to examine the medical qualifications of the candidate, while they tolerated herbal and popular medicine. [See p. 58, Wilcock.] Mr. Wilcock thinks that this Act is not an obsolete, repealed, or dead-letter law, but is still operative. By this Act, (34-5 H. viii.) he says, "All such persons as through charity, and *without receiving any remuneration*, apply 'herbs, baths, poultices, or emplaisters,' according to their experience or knowledge to outward disease, or drinks for the stone, strangury, or ague." In another place, also, he says, "it tolerates the ministry of them." The law is clear on this point; it prosecutes witches and sorcerers; it forbids the humble race of simple herborists and herbalists in Act 3 H. viii., but rescinds the prohibition in 34-5 H. viii. The quackery clause of 32 H. viii., the charter of the London College, has been restricted to physicians, and not interfered with the bishops' doctors, who are surgeons. What farther corroborates the supposed force of the Act 3 H. viii., Mr. Wilcock also says, that "had the corporation of surgeons been dissolved, actually determined," 18 Geo. ii., "the King could not have granted a charter to any sort of men, under which they would have acquired a right to practise surgery, without undergoing the examination prescribed by 3 H. viii." (P. 63.) Its separation from the Barbers relieved its members from the necessity of obtaining the licence under the 3rd H. viii. The question is, then, whether the existence of the College of Surgeons now stands in the way of the final enforcements against disqualifications in surgery? Is it now the law that "the surgeon licensed under the 3rd H. viii. may practise within any particular diocese in which they are licensed, except within London and Westminster, and seven miles around these cities;" and that "only the surgeons qualified under 3rd H. viii., and members of the College of Surgeons, may practise in every part of his Majesty's dominions?" (P. 64.) Mr. Wilcock then positively says, "There may be *two classes* of *surgeons* throughout the rest of the kingdom." (P. 64.) Again Mr. Wilcock says, affirmatively, "That every one desirous of practising (as surgeon) in any other part of England than within seven miles of London and Westminster, and who has not been admitted by the (London) College of Surgeons, must, before he takes upon him to exercise that science in any diocese within the realm, be examined and approved by the bishop in the same diocese; or, if the bishop be out of the diocese, by his vicar-general, either of them calling to him such expert persons in the faculty as his discretion shall think convenient, and giving his letters testimonial under his seal to him that they shall so approve. If the applicant be approved by the majority of these examiners, he is entitled to claim the proper testimonials, for which, after refusal, the Court of King's Bench would afford him a remedy by issuing its mandamus." (Pp. 66, 67.) By this it appears, that as the law now stands, the 3rd H. viii. is *now in force;* that a man is now *actually liable* to penalties for practising as surgeon, if he has not obeyed this Act, and obtained the bishop's or his vicar-general's licence, who have still a power *in every diocese* of examining and licensing surgeons. By this Act, 3rd H. viii., Mr. Wilcock again repeats, that "all persons are still bound to obtain a licence to practise, except those who are members of the College of Surgeons." (P. 16.) Moreover, "there is in fact but one class of surgeons, who are *legally* entitled to practise in this kingdom, the members or licen-

tiates of the College of Surgeons. The statute of 3 H. viii. is however *still in force*, though it has been regarded as OBSOLETE, inasmuch as there is no instance of any person having obtained a licence under it for several centuries. On this statute alone can any punishment be inflicted on persons for practising surgery without licence in any part of the kingdom, except within London and Westminster, and seven miles round these cities." (P. 58.) He says, in short, that the *Barber-Surgeons* of 3 H. viii. and 32 H. viii. *are the only regular* surgeons!!! (P. cclxxxii, Index.)

If we have had all these laws *in force* against Irregularity and Quackery for three centuries and a quarter, and all the laws against Mola Praxis in the hands of the College of Physicians, how is it that, previously to 1815, and since, all sorts of contemptible and illiterate adventurers, as the Barber-Surgeons of yore, have been suffered to monopolize the hospitals, infirmaries, and dispensaries of all our great and small towns, to hold the first private practices in the country, to carry their heads high and their carcasses in carriages, to misnomer themselves "general practitioners," forsooth, while they had, in reality, up to 1815, passed no College, nor no Hall, and have been nothing better in this world than Quacks, though called regular men? How is it, we say, that these contemptible old scamps, who are falsely described by themselves and their friends as general practisers, have not been sent to gaol and heavily fined as the Act 3 H. viii. directs? How is it that these fellows are even now, some of them, alive and ruling the roast in our country towns though nothing but irregular Quacks and unlicensed practitioners?—and how is it that their better brothers, the Rural and Herbal Quacks, who are their superiors in skill in many instances, have not long since been brought to that ignominious and condign punishment, which one-half of the old 18th and 19th centuries of Quack-General-Practisers, now in practice and not yet dead, have most richly deserved?

(To be continued.)

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 8th May, 1841:—

Epidemic, endemic, and contagious diseases	110
Diseases of the brain, nerves, and senses	148
Diseases of the lungs, and other organs of respiration	269
Diseases of the heart and blood-vessels	15
Diseases of the stomach, liver, and other organs of digestion	42
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	0
Diseases of uncertain seat	100
Old age, or natural decay	63
Violent deaths	23
Causes not specified	1
Deaths from all causes	790

APOTHECARIES' HALL OF IRELAND.

MEDICAL REFORM.

THE governor and company of the Apothecaries' Hall of Ireland, coinciding in the opinion generally entertained that a change is required in the constitution of the medical profession in these kingdoms, have taken the subject into their consideration, in the hope of contributing to the removal of some of the difficulties with which it is surrounded, and of laying the foundation of an effectual and salutary reform.

The governor and company have been, for a long time, desirous of a general amendment of the laws which regulate medical affairs; but, in consequence of the divisions which have hitherto prevailed among the different presiding bodies, they despaired of effecting any arrangement which would have been commensurate with the wants of the profession as a whole, and had to restrict their attention to such changes as appeared to be called for in their own department. Their views on this subject are embodied in the draft of a Bill, which they are prepared to submit to the wisdom of the Legislature, and, with regard to the nature of which, all that is necessary here to be stated is, that it is in conformity with the principles which they now wish to promulgate as the basis of a more general measure, the period having at length arrived when, through the concurrence of the different medical corporations, a full and comprehensive reform may be expected.

The governor and company, in delivering their opinions on so important a subject, wish to premise, that while they give a ready assent to the faulty constitution of the existing corporations, they entirely disbelieve they have operated injuriously upon the public, or that they are incapable of adaptation to the wants of the profession; they must express their regret, therefore, that any Bill should have been introduced into parliament having for its object the supersedence or annihilation of these institutions, which, with all their alleged imperfections, have sedulously administered to the wants of the people, and provided well-educated practitioners in every department of the healing art; and it cannot be too much urged that the grievances complained of have reference principally to the well-being of the profession itself, and that the public are only interested in the changes sought, so far as they are calculated to engender a better spirit of co-operation and harmony in the medical community.

The governor and company, however, representing a numerical majority of the practitioners in Ireland, are not the less sensible of the magnitude of the interests at stake, or less disposed to aid in a consummation so greatly to be desired; but while professing to have the same objects in view, they must dissent from a large portion of their brethren who would seek for them in the establishment of a "one faculty of medicine," in place of the tripartite representation which has so long existed, convinced by long experience that excellence in the respective departments can only be attained by sectional separation, and that the appointment of different institutions to preside over the branches of "physic," "surgery," and "pharmacy," is founded in wisdom, and advantageous to the public.

The governor and company consider that the real grievances under which the profession labours, arise, in the first place, from the irresponsible constitution and unequal privileges of the corporate bodies; and in the second, from the want of uniformity of education and reciprocity of rights among the members of the respective departments in the three kingdoms.

The governor and company accordingly propose the following legislative changes:—

1. A full extension of corporate rights and advantages to the licentiates belonging to each branch of the profession.

2. The establishment of uniform curricula of study for England, Ireland, and Scotland.

3. The institution of a "general board of superintendence and control" in each kingdom—to be composed of an equal number of representatives from each branch of the profession, and to be elected annually by voting papers, (as proposed by Mr. Warburton,) whose duty it should be to regulate education—to appoint censors to attend on the different boards of examinations—to grant licences for practice to (but not examine) those presenting diplomas from the different corporations—to recognise teachers and schools—to keep and publish registries of the qualified, and to act in general as a court of appeal and board of health.

4. "Diplomas in medicine" to be granted only by Universities and Colleges of Physicians, "diplomas in surgery" by Colleges of Surgeons, and "diplomas in pharmacy" by the Apothecaries' Halls.

5. A licence for "general practice" to be granted *in future* only to candidates presenting the Joint diplomas of the College of Surgeons and Apothecaries' Hall.

6. A right to recover professional charges to be conferred on those holding the licence of the board, and not upon others.

7. Individuals holding the licence of the board to be alone eligible to fill situations in the army and navy, and public institutions.

8. The establishment of an Apothecaries' Hall in Edinburgh.

9. The rights and privileges of existing practitioners to be saved in the most full and ample manner.—By order.

GEORGE ATKINSON, Secretary.

Mary-street, Dublin, March 5, 1841.

SPIRIT OF THE MEDICAL PRESS.

'HOWSHIP ON SURGICAL DISEASE.'

THE following case strongly illustrates the extent to which disorganization of the liver may proceed without material disturbance to the general health, during the growth of hydatids, even of enormous magnitude, provided these changes do not incur purulent secretion; in this respect presenting a striking contrast to the case last related, in which the cyst in the liver, nearly similar in size, and also as containing hydatids, differed only in this important respect, that the irritation had induced a copious secretion of purulent matter, frequent and severe rigors, and the other distressing effects of constitutional sympathy.

Exceedingly large Serous Hidatids in the liver.—Mrs R., 37, under care of Mr. May, had for four years observed progressive swelling, with some uneasiness, beneath the ensiform cartilage, supposed to be enlargement of liver. Latterly it assumed a tendency to point, and becoming thin, the skin gave way a little below the umbilicus, discharging presumably near two gallons of clear serous fluid. During this growth of the disease, the skin was generally highly jaundiced, a circumstance which proved to be the consequence of pressure on the gall-ducts. The abdomen had the appearance of advanced pregnancy; and a few days after the tumour had burst, (without a trace of pus,) a whitish, thin membrane appeared in the opening, and was gently drawn out, and brought away without the least pain. This membrane turned out to be the ruptured dense cyst of a very large hydatid, which must evidently have contained many quarts of fluid. In some parts this cyst was as much as one-eighth of an inch thick, and opake; in others comparatively thin and translucent; externally somewhat rough, internally smooth, and in parts deeply tinged with bile. No constitutional disturbance followed the rupture. When the tumour first gave way, the family were apprised it was a disease that might probably at any time give rise to fatal hæmorrhage; and so it turned out. In ten days hæmorrhage came on, which continuing, she sunk and died.

It is remarkable that this lady had borne and suckled two healthy and large children, with evident benefit to her health, during the progress of the above disease.

Post-mortem.—It was found, on examination, that the liver included (in the same cyst from which the first had passed) a second hydatid, containing between two and three pints of serum, thinner and more even in texture than the first,

and tinged with bile. This hydatid, I observed, had laid in bare contact with the exposed, and partially absorbed parenchyma of the liver; all the previously deposited fibrine, external to the hydatid, having been again absorbed. The posterior half of the substance of the right lobe was sound; the anterior half contained the disease, which in its growth, swelling downwards and forwards, had drawn out the anterior part and peritoneal coat into an elongated cyst; the apex adherent to the anterior parietes, through which it had made its way by interstitial absorption. Within the cavity from which the large hydatid had been withdrawn, a string of dark coagulum pointed out the opening in the vessel from which the hæmorrhage had proceeded. At two points, on the convex part of the liver, the surface, somewhat elevated, was cut into, exposing sections of other small hydatids, no larger than cherries, less distinct, or rather more so, than the others; exhibiting, as they did, to more advantage the fibrinous matter deposited external to the cyst, the small hydatid itself, less manifest, as a serous cyst, being filled with a tinged albumen.

In the case next to be noticed, it will be observed, that while serous hydatids alone produce no febrile disturbance in the system, and hydatids with free purulent secretion bring on violent excitement and distress; a mediate condition, in which the cyst containing the hydatids is only slightly purulent, may still be discriminated during life, by the moderate response of constitutional sympathy, the light chills, slight febrile heat, and comparatively little distress.

Large Abscess, filled with Purulent Hydatids, in the Liver.—E. S., 34, a thin woman, out-patient of the St. George's Infirmary, had some tenderness and much protrusion of the lower right ribs, as from enlarged liver; but no heat, redness, or tendency to point. Eyes and skin tinged yellow. Much relieved, and swelling much diminished, by taking the blue pill, and leeching. On a relapse, with occasional very slight rigors, for a few days, she was admitted into St. George's Hospital, with slight throbbing in the swelling. Fluctuation in the seat of the liver was evident, although with no tendency to point. The right chest was evidently inconvenienced by the pressure of the tumour. Pulse 116, very small and soft. Stools white; urine high-coloured. Mouth not affected, although taking the blue pill regularly.

Tumour large, and bilious tinge increasing, a puncture was made, and about five pints of thin purulent fluid, with a quantity of hydatids, the larger ruptured, the smaller entire, were drawn off by the trocar. The same afternoon she had shivering, vomiting, and great tenderness over the whole abdomen. The pulse quickened to 140; medicines and leeches were ordered. The abdomen became less tender, but more distended. She gradually sunk, and on the sixth day died.

Post-mortem.—On examination, we found the left lobe of the liver much enlarged, had a granular appearance. The right lobe formed a large cyst or abscess, capable of containing three quarts; about two pints of a yellowish serum, with a number of hydatids, being still found within it. There was no adhesion between the external parietes and surface of the liver, except from a slight and recent effusion of lymph, around the opening made by the trocar. The cavity of the cyst was lined internally with a layer of coagulable or fibrinous matter.

CASE OF MENSTRUAL FLUX IN A MAN. BY DR. JULIUS.

A TALL but rather delicately-formed young man, twenty-one years of age, and whose health was on the whole perfectly good, observed for the first time in February, 1838, that there was a spontaneous discharge of blood from the urethra; this discharge continued for four days. When it ceased, he found himself lighter and altogether better than he had been for some time before. From this period, the discharge, always preceded for two or three days by headache, vertigo, &c., returned every fourth week, remaining each time two or three days. His health was always better immediately after its cessation. Various means had been tried to stop this anomalous evacuation, but without avail.—*Medicinesche Jahrbucher, and Med. Chirurg. Rev., Jan.* 1841.

ON THE REMOVAL OF FOREIGN BODIES IN THE JOINTS BY MEANS OF SUBCUTANEOUS INCISIONS. BY DR. GOYRAND, OF AIX.

THIS new method of operating was suggested by the fact, that incisions made into joints through such small external openings that the air cannot obtain admittance to the cavity, are never productive of that severity of inflammation which follows wounds with wide external apertures, and which, in the operations hitherto performed for this disease, has so often terminated fatally. The proceeding recommended by the author consists in pushing the loose body (if in the knee-joint) into the synovial pouch above and to the outer side of the patella, beneath the vastus externus muscle, and while an assistant holds it fixed there, passing a narrow knife through the skin at some distance above the joint, and through all the intermediate tissues down to the foreign body. Without enlarging the opening in the skin, the synovial membrane and adjacent tissues over the loose substance are now to be freely divided, till, by the pressure on the latter, it slips out of the joint through the wound, and lodges itself in the subcutaneous cellular tissue, or in some of the other tissues between the skin and the joint. After this the patient must remain at rest for several days, (the small external aperture being merely covered by sticking-plaster,) till all chance of inflammation occurring has passed away. The foreign body dislodged from the interior of the joint, will form a cyst for itself, and remain in its new position without producing any annoyance; but if it should be deemed necessary, it may be easily removed by a single incision through the skin over it, which will no longer be likely to excite any inflammation of the joint itself.—The author details a case in which this method of operating was adopted with perfect success. Two loose cartilages were dislodged, and pushed into the tissues adjacent to the joint. One was subsequently removed by an incision through the skin; the other was allowed to remain, and it produced no inconvenience whatever. Through the whole course of the treatment the patient had not a bad symptom, although less precautions were adopted than are usual in this description of cases.—*Annales de la Chirurgie Française et Etrangère, Janvier* 1841, *and Brit. and For. Rev., April* 1841.

STONE WEIGHING 760 GRAINS PASSED FROM THE URETHRA, BY A WOMAN 80 YEARS OF AGE. BY M. SEGALAS.

AT the meeting, on the 9th of February last, of the Royal Academy of Medicine, M. Ségalas showed a number of stones which had been passed by an old maiden, 80 years of age. She had been ill for three years. During the first year, she had passed 430 stones, which weighed 4 grammes, equal to 76 grains, each gramme being 19 grains. In the following year 20 stones were voided, which weighed 90 grains; and in the succeeding year 4 came away, which weighed 950 grains—one of these was 5 inches in circumference, and alone weighed 760 grains. A considerable quantity of blood was lost during its expulsion, which was attended by great difficulty, and was followed by incontinence of urine. This at first was complete, but has gradually ceased, and, on the 20th day after the stone came away, was not much felt. She is able to retain her urine for more than an hour. He mentioned that there are many instances of large stones being passed by women, and some of them even larger than the one now shown. He himself had presented one to the Academy six or seven years ago, which weighed 105 grammes, or 4 ozs. 1 dr. 15 grains, and which had been passed by an old woman. The one which he now showed, however, he thought was interesting, from the great number of stones which had preceded its expulsion, from the incontinence of urine following, and which had almost entirely ceased in twenty days.—*Bulletin de l'Académie Royale de Médécine.*

MALIGNANT CHARACTER OF ENCEPHALOID DISEASE. CASE OF ITS OCCURRENCE IN THE CLITORIS AND LABIA PUDENDI. BY DR. HIRTZ, OF STASBURG.

IN the 'Gazette Medicale,' M. Louis Hirtz, clinical assistant to Dr. Bach, physician to the Civil Hospital at Strasburg, details several cases of cerebriform disease. We shall confine our notice, however, merely to one case, where the clitoris and labia pudendi were affected. It is interesting from the remarkable situation in which it occurred. The patient was a woman, aged 40. The clitoris was of the enormous size of the fist of an adult. The glands of the groin were not affected. Upon removing the tumour, and a part of the labia pudendi, the urethra, upon minute dissection, was found not to be involved in the disease; the cut surface was fully cauterized. The woman made a rapid recovery; but two months after she left the hospital, she was again admitted, with the glands of the groin swollen, and painful to the touch. Soon after her admission, the patient sunk, gradually worn out by the disease.—*Gaz. Med. de Paris.*

CORRESPONDENCE.

SURGEONS' ASSISTANTS.

To the Editor of the 'Medical Times.'

SIR,—As an unflinching advocate of Medical Reform, and for the correction of all abuses which exist in the medical profession, allow me to draw your attention to the duties required of Assistants—a class of individuals unrepresented, and for whom, hitherto, no medical publication has cared a straw.—Perhaps, Sir, you are not aware of the hardships we have to undergo, or I am convinced, from your general liberal principles, you would have long since exercised your "powerful pen" in our cause. After having passed five years in an irksome, and, I may almost say, useless apprenticeship, we become the *servants* of some qualified or unqualified practitioner or retailer of drugs, at a salary from "nothing" to £20 per annum. We have to open shop at seven o'clock in the morning, "cold, wet, or windy," take down the shutters (in many instances), dust the "showy globes," sweep the shop, and wipe two rows of bottles, polish the counter, scour the scales and weights (by-the-by, I suppose, to make the latter lighter), wash, dress, and shave, before the breakfast hour, 8 o'clock; after which, the toil of the day commences, but of this we do not complain; all that we ask—all that we wish to obtain, is to be put upon the same footing as other shopkeepers, viz., to shut up shop at the same hour, or if it would be too great or too sudden a change to close at nine o'clock, say ten for the next year or two, after which period let there be fines imposed upon all those who keep lights in their shops after the fixed hour for shutting shop. I am aware that the "west-end" druggists say that the physicians in their neighbourhood do not go out to see their patients until after six o'clock, and that a physician who has a large number of patients to visit cannot send his prescriptions until a late hour; this, Sir, is no argument, we know that carpenters work "over hours," but do ironmongers keep their shops open to supply them with tools?—others say, that persons are just as likely to be taken ill between the hours of nine and eleven, as they are between seven and nine, and how is it possible to close and prevent them obtaining relief? This is ridiculous. If this argument were correct, it would be just as improper to close at eleven as it would be at the hour I propose; and in fact, to carry out their argument, physic shops should always be kept open. If you will favour me by the insertion of this letter, you will much oblige

ONE OF THE AGGRIEVED.

P.S.—I have many more observations to make, but I am afraid I have already trespassed too much upon your columns.

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FOREIGN HOSPITAL PRACTICE.

ANEURISM FROM VENESECTION. BY PROFESSOR HORNER, OF PHILADELPHIA.

Miss B., of Georgia, ætat. 8 years, being exceedingly ill in March, 1837, was bled by a physician in the left arm at its bend. Nothing unusual at the time was perceived, but in a week afterwards she felt a small pulsating tumour, the size of a pea; it continued to increase, and she was brought by her parents to Philadelphia, and placed under the charge of Dr. J. Randolph, who called me into consultation.

At this time, September 27th, 1837, the tumour is about the size of a large filbert; has a strong pulsating motion, which may be felt vertically, laterally, and also when the arm is bent, and the tumour pulled up from it. Pressure diminishes its size to one-half; it then remains hard and unyielding. Pressure on the brachial artery arrests its pulsation. There is no thrill or purring noise as in varicose aneurism; the vein which was opened at the point of bleeding, is not visible.

On the 29th of September, an operation was performed by Dr. Randolph, the course of the blood being regulated by a tourniquet on the arm. The skin was slit up for two or three inches in front of the tumour, which exposed the tumour beneath the fascia of the arm and the aponeurosis of the biceps; these being dissected through, the tumour was laid bare by continuing the dissection over its surface, so as to exhibit the brachial artery and vein both above and below it. A ligature common to the two vessels was then carried under them, above the aneurismal tumour; it, upon trial, was found to control the pulsation of the tumour; it was then fixed, and the aneurismal tumour cut open. Upon slacking the tourniquet, blood issued from the tumour freely; a ligature was then fixed upon the artery and vein below the tumour; upon loosening the tourniquet again, blood flowed from the tumour, but not so freely. The tumour was now detached still more from its bed; a knife-handle passed under its middle, and along it, one ligature conveyed above, and another below; these ligatures were directed in such a way as to insulate the tumour completely, by being tied above it and below it; the one below being drawn first was found to restrain the bleeding completely, but to make everything secure, and to put the disease beyond any possibility of recurrence, the upper ligature was also fixed.

The vein, which probably was the one that had been bled, was seen in front of the sac adhering closely to it; it appeared to be almost obliterated below, and was very small above. There was nothing like a varicose state perceptible in it; so that if it had really been punctured, the wound had healed.

The sides of the tumour were very thick and indurated, which will account for its not being entirely flattened or collapsed by pressure before the operation, and there was no coagulated blood. Whether it was formed by a dilatation of the artery, or by a cyst on its side, was not ascertained, from the obscurity of parts during the operation.

The tumour sloughed off kindly in this case, and the wound healed by the 20th of October, the recovery being perfect.—*American Journal of Medical Science, Jan.* 1841.

CONTRACTION OF THE FINGERS AFTER BLEEDING, CURED BY ELECTRICITY.

C. Le Clerc, servant, 19 years of age, was admitted into the Hotel-Dieu, on the 5th June, 1838, for a burn on the leg. She was ordered to be bled; the *externe* made two incisions, having failed to obtain blood the first time; the patient immediately complained of numbness of the arm, which rapidly increased, and at the same time the fingers became so firmly contracted that the dresser had great difficulty in withdrawing the ruler which the patient held in her hand. M. Breschet was sent for at once, but thought lightly of the matter; the contraction of the fingers, however, continued in so great a degree, that it was found necessary to place something in the palm of the hand to prevent the nails from wounding it. Every means were used to overcome this contraction of the flexor muscles, without avail; a splint was tried for fourteen days, but as soon as it was removed, the fingers resumed at once their old position; in a word, various remedies were tried for six months, but everything failed. At length M. Breschet resolved on trying the galvanic battery. On the 20th of December a needle was passed into the extensor muscles near the elbow, and another into the back of the wrist; twenty-five and thirty pair of plates were employed, but without effect; the contraction seemed even worse. The needles were now withdrawn and placed, one near the origin of the flexors, the other in the palmar surface of the annular ligament of the wrist; the same strength of pile was used, and to the great surprise of all present, the fingers were gradually extended under the influence of the galvanic shocks; the thumb alone remained flexed. Galvanism was regularly employed every day; on the fourth, the woman could use her index and middle finger freely; on the seventh, the ring-finger became free. Unfortunately the woman now left the hospital, and nothing more was heard of her until she came, of her own accord, in the month of July, 1839, to announce that she was quite well. She informed us that for a short time after her departure from the hospital she had the use of her fingers, but the contraction soon returned again. She consulted a medical man, and told him the means from which she received so much benefit before. He tried galvanism also, and after the twelfth application a perfect cure was obtained. She has not suffered any relapse since that time.—*Journal des Con. Med.*

SURGICAL CASES.

Immobility of the Lower Jaw; division of the Masseter Muscle of the Right Side.

John Bishop, seaman, aged 19, born in Georgetown, D.C. About eighteen months before his admission to the New York Hospital, he had an attack of fever at the south, during which he was profusely salivated, and sloughing of the right cheek had occurred, with loss of considerable portions of the soft parts from the inside of the mouth. On recovery, he was unable to open his mouth, a band having formed, by which the jaws were kept firmly applied to each other. Unsuccessful attempts had been made to relieve this condition by dividing the constricting band, but without using means, at the same time, to force the jaws apart. Two portions of bone had been discharged.

On the 19th of August, 1839, when an operation was performed for the purpose of restoring the functions of the lower jaw, the parts presented the following appearances:—The right cheek was full and swollen, the skin and subcutaneous cellular tissue supple and moveable upon the masseter muscle, which could be felt contracting under the hand whenever he put it in action. In a state of rest this muscle felt hard and tense. On the inside of the cheek, a firm callous band extended from above the interval between the first and second upper molar teeth on the outside, to below the first molar tooth of the lower jaw, with a sharp unyielding edge, that would not permit the end of the finger to be insinuated between it and the outer surface of the teeth. The jaw was susceptible of a sliding motion, showing that the right tempora-maxillary articulation was moveable. The upper dental arch stood a little in advance of the lower, barely allowing the blade of a table-knife to be introduced between them. His voice was very little affected. He was able to take solid food by cutting it very fine, and insinuating it between the upper and lower teeth. His general health was pretty good, and he had observed no change in the condition of his jaw for a year past.

Operation. — A bandage of two fingers' breadth, and sixteen inches in length, was insinuated between the upper and lower teeth, and the ends tied so as to form a loop below the chin. One assistant held the head firmly, while another acted on the lower jaw, by means of the bandage, bearing down so as to put the band to be divided as much on the stretch as possible. The fore-finger of the left-hand was then introduced under the cheek, and the operation proceeded with, care being taken to avoid cutting near the middle of the masseter muscle, in order not to involve the parotid duct. Successive incisions from within outwards, and advancing from before backwards, guided by the sense of touch alone, were made on a level with the lower molar teeth, until the finger arrived at the last tooth; resisting bands were felt still farther back and were divided. By repeated attempts with instruments that acted as levers in prying the teeth apart, sufficient space was obtained to introduce the speculum oris, which acted with great effect in rupturing the fibres which still bound the jaws together. Proceeding cautiously, in this manner, alternately prying and dividing the resisting bands, the jaws were separated so as to allow two fingers to be placed edgewise between the incisor teeth. The whole width of the masseter muscle was involved in the incision, and in some parts of its whole thickness, the knife grating as if cutting through cartilage; the hæmorrhage was moderate, and ceased spontaneously. After the operation, the patient could himself open his mouth to the extent to which the teeth had been separated. A denuded bony surface was felt on the outside, a little behind the last molar tooth, and could be traced upwards to a rough pointed extremity, which was somewhat moveable. A wooden wedge was introduced between the molar teeth of the opposite side, and required to be kept in as much of the time as it was possible for him to bear it. Considerable swelling and inflammation succeeded the following day, and continued for some time. The use of the wedge was persevered in.—September 9th. He could chew all kinds of food, and separate his teeth nearly an inch apart; with the wedge they could be separated still farther. The wound on the inside of the cheek is nearly healed; there is evidently a tendency to a reproduction of the same condition. A band is felt at the edge of the masseter when the parts are put on the stretch, resisting the farther separation of the jaws. He is himself sensible of their contracting. Introduced the speculum, and stretched the parts, and then substituted a thicker wedge to be kept in as much as possible.—October 1st. For a few days past the patient has used the speculum several times daily, for the purpose of stretching the parts which have still a great tendency to contract, and it produced a very good effect. By way of experiment, the jaws were left to themselves for twenty-four hours,

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when it was found that the thumb could scarcely be introduced edgewise between the teeth.—November 6th. Since the last report the same treatment has been continued. Some of the newly formed bands have been divided. The patient has himself removed a portion of bone, which proved to be the extremity of the coracoid process, about three-fourths of an inch in length; he is now employed as nurse, and is left to use the speculum at discretion.—March 31st, 1840. For several weeks past he has entirely discontinued the use of the speculum, and the parts have been left to themselves; his condition is as follows. The right cheek is much less swollen than it was before the operation, and is soft and supple; the masseter muscle feels hard. The fore-finger can be introduced edgewise between the incisor teeth, and within these limits he has free use of the jaw, and perceives no tendency to farther contraction. The callous band on the inside of the cheek exists very much in the same condition as before the operation, excepting that it does not advance as far forward.—May 30th. He continues to enjoy the same use of the jaw as at the last report. A loose portion of bone is felt opposite to the upper molar teeth, and will require to be removed.

Enlargement of the Bursa in front of the Patella—cured by rupturing it.

Thomas Cranmer, of New Jersey, a seaman, aged 26, was admitted April 11th, with an enlargement of the bursa in front of the patella, caused by an injury about ten days previous. The tumour was of a globular form, and nearly half as large as the patient's fist.—It was seized firmly between the fingers, and pressed with great force, until it burst and discharged its contents into the cellular tissue beneath the skin. A roller was then applied, and the limb kept at rest for a few days. The patient was discharged cured on the 16th of April.

Remarks.—Tumours of this sort are occasionally difficult to manage, and patients will not generally submit to have them broken by a direct blow. I treated a case precisely similar to the present, about a year previous, by tapping and injecting it with a solution of sulphate of zinc, as in the operation for hydrocele. In a few days after this operation, the tumour was again distended with serum as large as before, and continued so, until I finally treated it, as above described, by pressure until it burst, and with instant and permanent success. The enlarged bursæ occurring about the wrist, and occasionally under the chin, are more readily managed in this way than by any other means.—The other cases that called for operations, all terminated successfully; they present no points of special interest.

Opium mixed with Superacetate of Lead, in large dose, swallowed with impunity.

A seaman under treatment for a carious ulcer, near the lower part of the thigh, was seized with slight erysipelatous inflammation around the surface of the sore, for which the house-surgeon prescribed an opiate lotion, to be made from thirty grains of opium, and sixteen grains of sugar of lead. The patient, mistaking the directions, swallowed these substances in their dry state, about 8 o'clock in the evening of Jan. 26th. About midnight he began to feel unwell, and thinks he threw up a part of the powder; but he did not rest well during the night; no symptoms of narcotism followed the accident; on the following morning he was as comfortable as usual, and unaware that anything had gone amiss.

OBSERVATIONS ON THE ABSORPTION OF METALS INTO THE BLOOD IN CASES OF POISONING.

Illustrated by an Account of a Case of Poisoning by Lead, occurring in a Cow under the care of Mr. Cherry, Veterinary-Surgeon to the Coldstream Guards. By Alfred S. Taylor.

[From Guy's Hospital Reports.]

The theory of the action of poisons by absorption has been lately much strengthened by the discovery of several metals in the blood, secretions, or viscera of those who have been the subjects of poisoning by the metallic irritants. It is not long since, that in works on toxicology, reasons were assigned why arsenic, mercury, and other metals, should not be detected in the blood and the secretions; these being principally based upon the assumption that the poison underwent some peculiar decomposition, or that the processes resorted to by chemists were not sufficiently delicate. On the announcement of Mr. Marsh's test for detecting arsenic in small quantities, I submitted coagula of blood, taken from the heart and large vessels of animals, poisoned by arsenious acid, to the decomposing agency of hydrogen. The clots were boiled for some time in distilled water, with a small quantity of potash; any albumen dissolved was afterwards precipitated; and the filtered liquid, on concentration, was introduced into the apparatus; but in no instance could the smallest trace of arsenic be detected, although the animals had unquestionably died from that poison, and a comparatively large quantity of the blood was employed.

Within the last two years M. Orfila has detected arsenic in the blood of persons poisoned by arsenious acid both during life and after death. The fact that arsenic may be detected in the blood of a person who survives its effects, is a point which, if confirmed, will become of considerable importance in a medico-legal view. Thus, simple venesection may furnish evidence, otherwise only satisfactorily obtained by a post-mortem examination of the body; and those cases of the criminal administration of arsenic to the living, which now generally escape from the hands of justice for the want of satisfactory chemical proof, may become as clearly established to the satisfaction of a jury, as if the poison had operated fatally, and had been found after death in the stomach.

Arsenic has also been found in the urine, and in the viscera of those who have been poisoned. The process pursued by M. Orfila consists in fixing the arsenic in a large quantity of animal matter, by incineration with nitrate of potash or nitric acid. In this way the arsenious acid is converted to an alkaline arseniate, which is as easily decomposed by hydrogen as arsenious acid, and has the advantage of being much more soluble in water.

Antimony is one of those metals which have been long sought for in the blood. Majendie inferred, before the present improved methods of toxicological analysis were known, that tartarized antimony, taken medicinally, was in some way or other conveyed into the blood and secretions. Chemists have, however, in vain sought for it in the body; and it is only lately that we are indebted to M. Orfila for its detection in the urine, and in the substance of the viscera, more especially in the non-secretory organs. He failed to discover it in the blood, or in any of the animal fluids, except the urine.

Again, *Copper* is another metal which many have supposed to become absorbed; but great care was demanded in conducting experiments for the detection of this metal in the body; since, according to some, it is a natural constituent of the healthy animal organs, and even of the blood itself. M. Orfila found that this normal copper of the body could not be extracted from or proved to exist in the organs until these had been incinerated, and the ash treated with diluted nitric acid; whereas a salt of copper, introduced as a poison, might be obtained from the viscera by simply boiling them for some hours in water acidulated with a few drops of nitric acid.

Copper was administered in the form of sulphate or acetate to animals; and Orfila found traces of metal in the lungs, heart, liver, spleen, and kidneys, but no traces of it could be discovered either in the blood or urine of the animals. Copper has never been detected, so far as I am aware, in the blood, organs, or secretions of the *human* body.

Hence, then, we learn that arsenic only has been detected in the blood and urine of the human subject; antimony in the urine and viscera; while copper has been found only in the viscera of animals poisoned by preparations of that metal.

(To be continued.)

ANCIENT MEDICAL STUDIES AT CAMBRIDGE.

The ancient statute (*Stat. Ant.* 119.) prescribing the course of medical studies and exercises in this University, presents a very singular picture of the state of medical knowledge in those days. It made it generally necessary for a student to have graduated and *read* in arts, and to have subsequently, during a period of five years, heard *once* in the schools of his faculty, the book of Johannicius Philaretus *de pulsibus*, Theophilus *de urinis*, the Antidotarium of Nicholaus, with some one of the books of Isaac (Israelita), whether *de urinis, de febribus, de dietis particularibus*, or *de viatico*: he was required also to have heard *twice* the works of Galen, with their glosses or comments (known only by their Latin translations from the Arabic, as the works of Tegnus Galienus), including his book of *prognostics*, of *aphorisms*, and *de regimine acutorum*: it was further required that he himself should read *cursorie*, within not less than three years of his *readings* in arts (Stat. Ant. 90), at least one book on the theory, and another on the practice, of medicine; that he should have both opposed and responded in the schools of his faculty, and should have practised at least during one year; he was then admitted to his degree after the usual deposition and forms.

It is added, as an additional provision to the same statute, that no one shall be admitted *ad incipiendum in medicinâ*, unless he had practised medicine at least two years, a condition apparently inconsistent with that which is contained in the body of the statute, though it is very possible one might refer that to the degree of bachelor, and the other to that of doctor in medicine. If a person had not exercised the functions of a regent in arts, he was required to have attended the schools of arts and philosophy, at least during seven years, and afterwards during five years in the schools of medicine.

The books which formed the subjects of medical study were chiefly translations from the Arabic compilations from Galen and Hippocrates (for their works were confounded together) composed by Arabic physicians, (such as the ten books of practical, and ten books of theoretical medicine of Isaac Israelita), which had been introduced into the University of Salurnum towards the end of the eleventh century, chiefly by Constantine the African. Theophilus was a Greek physician in the reign of the Emperor Heraclius, by whom likewise the treatise ascribed to Philaretus was written; and the work of Nicholaus was a production of the school of Salernum towards the close of the twelfth century, which long enjoyed a distinguished reputation.—*Dr. Peacock's Observations on the Stat. of the Univ. of Cambridge.*

TO CORRESPONDENTS.

A. F. S.—*The druggist who attended the child treated it for hydrocephalus; it became worse, and the parents were advised to have further advice. A regular practitioner was consulted, who pronounced it to be pneumonia. The child died, and we understand the parents have commenced an action against the druggist.—£50 have been offered to compromise the matter.*

"Our Friend at Guy's."—*We shall be happy to receive the communications.*

B. C., F. H., *and several other Correspondents. Any person may* vaccinate; *it is a* surgical operation, *consequently there is no law to prevent it. Are not our correspondents aware that any body is allowed to practise midwifery, amputate limbs, and treat* external *diseases? Certainly no* reform *is wanted.*

A Chemist and Druggist.—*See page* 80 *in our last number—the clause runs thus: "always however, saving the rights of individuals who have been, previous to the passing of the bill into law, practising as such in England and Wales, and also all vendors of patent medicines whatsoever;" therefore it is not intended to act* retrospectively.

A Well-Wisher.—*The returns regarding the Anatomy Act were moved for by Mr. Maclean, about the last day of April just past. The votes are printed daily by the House of Commons with the notices of motions. If the motion for a public committee of inquiry is not brought in on Thursday next, it probably will on Thursday week. Mr. Warburton has promised that the report of his private commission shall be laid before the Home Secretary.*

A Complaining Pupil.—*We are aware of the injustice rendered the teacher and pupils of a private school; it shall be duly noticed.*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. VI.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

We are now placed between two fires, the oligarchs of the corporations, and the irregulars and quacks, both of which, if left to their own irresponsible acts, are equally dangerous to the sound and free polity of medicine. If the government of the corporations be not substituted for representative government, and irregularity and quackery bridled and restrained within proper limits, while natural and popular medicine, or kitchen physic, as, in the "Anatomy of Melancholy," Burton calls the ancient self-treatment and domestic medicine of the old English, are in some degree tolerated, we shall be liable to fall between two stools, the Sodom of corporate cupidity, exclusiveness, and sloth on the one side, and the reckless imposition and rapacity of quackery on the other. If we become as backsliders and back-lookers, instead of movers straight-forwards, looking neither to the right nor to the left, we shall deserve to be turned, like Lot's wife, into a pillar of salt.

Mr. Warburton then, who appears never to have felt the *fortiter in re* against quackery, now openly avows his *sauviter in modo* towards it and its toleration, by reason of some ocult persuasion derived from Delphic oracles and inspirations unknown. It is imputed to him by the 'Lancet,' that his Registration contemplates the "cheek by jowl" alloy and amalgamation of the regular profession with the impostors; buthe may rely upon it that the profession will not march through Coventry or the Commons with his "ragged regiment of quacks and empiricides *et hoc omne genus;*" and that's flat. By-the-by, we must remark, that Mr. Warburton has not so much as vouchsafed to us a report. Nero fiddled while Rome was burning, and the Fabius-like Mr. Warburton talked of the conflagration of St. Stephen's Chapel, of the "incimmeration of his papers, and the necessity of more evidence," until he wore out the patience of a depressed, neglected, and injured profession. "They called for bread, and he gave them a stone!" The Honourable Member for Finsbury, the great journalist of the 'Lancet,' commanding the only liberal and independent press at that immediate period—the Ralpho and Sydrophel of the Fabius and Hudibras reformer of the profession, wriggled and shuffled like the Rev. Mr. Wringletub, or Mr. Shuffle-bottom, amusing the reformers with his aye, ayes, and his Simia tribe, his apes, baboons, and champanzees of a Sylvian world, in which they seem to enact the prototypes of our great and little fashionable classes, cliques, castes, and coteries in a different sphere. This burly, stalwart man, so faithfully sketched of late by an able draughtsman in the Britannia newspaper, winked at delay, and performed everything but his duty, until the sense of danger, and our suggestion to the Southampton meeting, coupled with other humble, direct, and honest hints of the Medical Times, beat the réveille, blowed the bugle to the charge—

"Charge, Chester charge!
On Stanley on!"

and so aroused the reformers! At this juncture, the 'Times' was foremost in the fight, and the circulation of the 'Lancet' was said to have fallen full one-half. We shall never forget the "curses, not loud but deep," that followed the supineness and apathy of the 'Lancet' in the West of England, when, after the melancholy depression of 1838, total ruin hovered over the ill-regulated, the unprotected profession of medicine, beset at once with poverty and impossibility. All who had supported themselves hitherto by their industry, perseverance, and capability alone,—all, who hitherto had kept on their legs by fame, genius, and skill,—saw themselves, at the sudden crisis of national depression, in 1838, superadded to the previous permanent over-competition of the profession, about to be sacrificed to the superior power of the cogger or influence and interest-man, to the saint-doctor or tartaffe, who flourishes by canting hypocrisy, to the curemonger or seyd, to the hereditary and routinist, to the irregulars and quacks, to the counter-druggist-surgeons and quack-medicine vendors, and they were resolved to make an effort to clear up these tota "discrimina resum et virorum." To the first set of astutes, the people are always driven by power, money, connexion, prejudice, and folly; to the last set of common tradesman, by sudden calamity, want of money, and forced reduction of expense. In these cases, as Umbritias said to Juvenal, when they were talking together common-places on the way to Cuma, "An honest man cannot get his bread at Rome!" The honourable and skilful man falls beneath the times, the astute still flourishes, commit what villany he may. Never did Heaven stretch open its eternal jaws, never did the "loud applauding thunder" lighten up the "collied night" more deeply and vividly, than did the call in the Medical Reformer's breast raise him up for the long-deferred redress of his grievances, the tardy grievances of 12,000 to 20,000 men, whose voice in the wilderness of corruption and abuse may perhaps been heard but not regarded—endured but not complied with, by the British Legislature.

But to return to Colleges and Corporations. Dr. Bostock observed, in 1833, that "by a very singular anomaly, the highest medical honours have been conferred hitherto by those bodies which do *not profess* to give the *requisite means* for their *attainment;* but a general sentiment now prevails among the most respectable members of the *English* universities, that this *anomaly* ought *no longer* to be suffered to *exist*, and that medical honours ought to be bestowed on those, and those only, who may have gone through what may be considered a sufficient course of *preparatory* studies, and who are to give satisfactory proof that they have taken the due advantage of the means of improvement prescribed to them." This was written in 1833. [*See History of Medicine prefixed to Cyclopedia of Medicine*, Vol. I., p. lxxii.] The emanations of the Regius Professor Kidd at Oxford, and other significations from the English Universities and Quarterly Review, are not only of a more liberal nature than formerly, but betoken, as respects the College, that it has as much to fear from divisions and differences *within* as of their old enemies *without*. Dr. Barlow made before the same general assertion as Dr. Bostock, but we do not exactly comprehend their precise drift. We know the college has bestowed its honours always on a *high standard of education*, but never of *proved talent*, to which they have been generally inimical. We know that Corporations have never given that instruction which they overhaul. It is certain that preparatory studies will be one of the very best means of elevating the profession, and excluding a great number of improper and illiterate men, without classical and philosophical education, who have filled it to suffocation in the character of mere tradesmen.

But the most unaffected and vigorous blow from within the College has been given by Dr. Kidd, the Regius Professor of Medicine at Oxford of old, the twinned and kindred university of the College. This is the unkindest cut of all the Old Lady in Pall Mall has received from her quondam relatives and friends. She also opposes the obstinate and inflexible prejudices of the Pures of the Colleges of Physicians and Surgeons, London, and of Rhubarb Hall, re-affirmed in their late protocols in favour of the ten and twenty-fold English divisions of Medicine and Surgery, by recommending, like ourselves, uniformity in education and degree. On this subject, we read

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the PURES a chapter from Professor Macartney, and several lessons of our own. [*See Medical Times, Vol. iii., Nos.* 65-7, *pp.* 138, 162.] In good time we shall read them a few more.

The Professor of the Oxford Faculty is of opinion, that, "the corporations should be henceforth as independent societies, which, retaining all their present members, and internal laws, might henceforward admit their members by the same mode as new members are customarily admitted to the Royal Linnæan and other Scientific Societies. Each of the existing Institutions might have its own Library and Museum, and its own Lectures, and vie with each other in the spirit of a liberal circulation, and continue to benefit both individuals and the public quite as *effectually* as under the present system, and as he before said, in a manner of *much more consequence* to their professional *utility* and efficiency." [*Pamphlet, Feb.* 1841.]

APOTHECARIES' HALL, LONDON.

List of Gentlemen who passed their Examination on Thursday, May 6, 1841:—

John Thimbleby, East Kirby, Lincoln.
William Toogood, Ashborne, Derbyshire.
William Bell, Walworth Road.
Thomas Holt, Bury, Lancashire.
George Parry, Feckenham, Norfolk.
George Pizey, Douglas, Isle of Man.
Samuel Newham, Lynn, Norfolk.
Zebulon Mennell, Whitby, Yorkshire.
John Gladdich Sanders, Gravesend.
William Johnston Stuart, Wisbeach, Cambridgeshire.
Heynes Roger Hardwicke, Galway.

Thursday, May 13.

Raymond Levi Haynes, Holloway, Middlesex.
Thomas Guy, Howden.
John Beau Armour, London.
Henry Piers, Weymouth.
John Cornish, Frestrail, Truro.
John Ellison, Liverpool.
William Wilson, London.
William Okell, Knutsford.
John Froggatt, London.
Edward Henry Chase, Bocking, Essex.
James Moline, Godalming.
John Harry Evans, Leaford, Sussex.
John Wilson, Huntingdon.
George Harvey Williams, Holywell, North Wales.
George Tennyson Moody, Grimsby.
John Rayner Hatfield, Birstall, Yorkshire.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Wednesday, May 12th, 1841:—

George Dickson; Francis George O'Kearney; Edward Stock; Frederick Hodgkinson; James Rogers; Hugh Mc Clelland Graham; James Bell Metcalfe; Alexander Duncan; Edward Lawrence Ireland Gaine.

Friday, May 14.

John Miller; Nathaniel Henry Clifton; Samuel Coates; Thomas Lancaster Bell; William Briggs; Josiah Heelis; Taylor Hannah Murison; William Knight Erskine Allan; John Christie; Thomas Jackson Graham.

QUEEN'S COLLEGE, EDINBURGH.

Session 1840-41.

AT the close of the Session, Medals were awarded to the following gentlemen:—

Chemistry.—Mr. Thomas Wilton Hodgson.

Anatomy—Junior, Mr. William Hammond, Nottinghamshire. Senior, Mr. Josiah Heelis, Isle of Man.

Physiology—Mr. John Nicholson, Northumberland.

Materia Medica—Mr. George Bell Irving.

Surgery—Mr. William M. Fraser, Georgia.

Midwifery—Mr. William Finlayson, Edinburgh; Mr. Thomas Humphreys, Anglesea; Mr. John Nicholson, Mr. Richard Wood, Yorkshire.

Practice of Physic—Mr. Thomas Lookup, Dumfries.

Forensic Medicine—Mr. William Finlayson, Edinburgh.

GOLD MEDAL.—*For the best Answers on all the Branches of Medical Study*—Mr. John Nicholson, Northumberland.

The following gentlemen also distinguished themselves at the General Examination on all the Branches, and received Honorary Certificates from the College:—

Mr. Thomas Humphreys; Mr. William Finlayson; Mr. William S. Cortis.

JOHN ROBERTSON, Solicitor,
Secretary to the College.

17, Dublin-street, April 17, 1841.

ON CONVULSIONS DURING PREGNANCY AND DELIVERY.

THE following general conclusions close a very able memoir on the above subject from the pen of one of the most experienced accoucheurs in Paris, M. Capuron.

1. Convulsions occur much more frequently during a delivery at the full period, than during a miscarriage — doubtless, from the greater severity of the pains, and the consequent greater disturbance of the circulatory and nervous systems. Indeed it is truly astonishing that such protracted suffering as almost always accompanies a first labour, does not in every instance induce some convulsive attack.

2. The majority of the women who are seized with convulsions during pregnancy or labour, are of a sanguineous and plethoric constitution, and usually of an irritable and highly nervous temperament.

3. The attack is often preceded by some precursory symptoms, such as headache, confusion, noises in the ear, twitches of the tendons of the fingers or toes, or of the muscles of the face, and a tendency of bewilderment and forgetfulness. The patient is usually much depressed in her spirits, and very apprehensive of the result of her labour. Perhaps, however, generally the convulsions come on unexpectedly and without any premonitions.

4. The convulsions, after lasting for a longer or shorter period of time, usually terminate in deep somnalence, during which the respiration is heavy, and more or less stertorous, and the pulse is full and large, such as is commonly felt in sanguineous apoplexy; occasionally a partial tetanic contraction of the jaws continues for a considerable time after the abatement of the general spasms.

5. From what I have observed, I am inclined to be of opinion, that an attack of convulsions during a premature labour is, on the whole, more dangerous than a similar attack if the labour should be at the full period of gestation.

We might expect that this should be the case, when we consider that the cervix uteri is generally harder, less pliant, and more resisting, if labour happens to come on in the seventh or eighth month of pregnancy.

6. According to the results of my experience, local and general blood-letting, and the use of warm and relaxing baths, are the most powerful means both to prevent and arrest the attack of puerperal convulsions. The blood-letting relieves the congested vessels of the head, and probably also the sanguineous accumulation in the uterus, and the warm-bath takes off the spasmodic state of this organ, and of every other part of the body, by inducing a derivative action towards the surface. As auxiliary means of occasional utility, the extract of belladonna rubbed on the cervix uteri, and some of the milder preparations of opium given externally, may be mentioned with praise.*

7. If we should find on examination that the cervix uteri forms a rigid band around the head or neck of the child, and that the labour-pains make little or no impression upon it, even after blood-letting, and other relaxing means, have been used, we should not hesitate to divide the constricting portion at one or two places of its circumference with a bistoury. In all such cases, it becomes the accoucheur to ascertain the state of the urinary bladder, as it has been found, in more than one instance, that over distension of this viscus has powerfully predisposed to, if it has not actually caused, the occurrence of convulsions during accouchment. If the head of the child be within reach of the forceps, we should never hesitate at once to finish the labour by extraction. But if this be impracticable, and the convulsions still continue, recourse must be had without delay to the use of the perforator and the crotchet.

ON THE RELATION BETWEEN MUSCULAR CONTRACTILITY AND THE NERVOUS SYSTEM.

By John Reid, M.D., F.R.C.P.E., Lecturer on Physiology, President of the Anatomical Society of Edinburgh, &c. &c.

NUMEROUS physiologists have devoted much labour to ascertain the exact relation of the nervous system to the contractile tissues, and more especially to the muscular. From the universal distribution of the nervous filaments in the contractile tissues of man and of the higher animals,—from the facility with which contractions can be induced in the muscular bundles of the limbs and trunk, by causes acting through the nervous system,—and from the circumstance that sensation is in the normal state of the body linked with many muscular movements,—conjoined perhaps with certain theoretical notions regarding the supremacy of the nervous system in the vital actions of the body,—many physiologists still maintain that the property of contractility is derived from the nervous system.

An opposite doctrine was advocated by Haller and his followers. From numerous experiments, in which Haller found the contractility of the muscles remain after their nerves had been cut through, and even after they had been removed from the body; strengthened by the arguments suggested by the structure and endowments of the lower organised bodies, and by an examination of the order in which the different parts of the fœtus are developed, conjoined with various other facts and considerations, he arrived at the conclusion that the property of contractility is independent of the nervous system, and is inherent in the muscular fibre itself.

* M. Capuron omits to mention two of the most powerful remedies in the subjugation of puerperal convulsions viz., the tartrate of antimony and full doses of camphor; the former may be given in doses of half or a whole grain, combined with a drachm of syrup of poppies every quarter of an hour (after venesection), until the spasm relaxes. From five to ten grains of camphor with fifteen to twenty drops of tincture of henbane, administered every half-hour or so, constitute also a most potent remedy.

This doctrine, directly opposed to that of the "animists," who had become an influential sect at that period, could not possibly be allowed to pass without animadversion; and accordingly a controversy arose among the learned physiologists of Europe, which for several years was carried on with great keenness and acrimony, and has since that time ranged physiologists into two classes—the Hallerians, or those who believe in the inherent contractility or irritability of the muscular fibre—and the Neurologists, or those who maintain that the muscles derive this property from the nervous system. Some of the followers of both sects, but more particularly the Neurologists, have admitted considerable modifications in the tenets so dogmatically espoused by the original supporters of these doctrines. On the other hand, many of the Hallerians have extended the term contractility, and in our opinion justly, to certain contractile movements which may be induced in the arteries, in various secretory ducts, in the cellular tissue, and in the skin. They have also freely admitted certain effects of the nervous system upon the muscular contractility, such as the influence of mental emotions, &c., upon the contraction of the heart, a conclusion which Haller would have willingly avoided. On the other hand, very many Neurologists have given up the original opinion, that muscles derive their contractility from the central organs of the nervous system, the brain, and spinal marrow, and maintain that the nerves distributed in the different muscles, have themselves the faculty of furnishing the conditions upon which contractility depends, believing that in the muscles of involuntary motion this is effected by the ganglionic or sympathetic system of nerves, and in the muscles of voluntary motion by the cerebro-spinal nerves. Some, again, exclude the cerebro-spinal nerves from all participation in this faculty, and confer it entirely upon the ganglionic system.

It is not our intention to enter into any lengthened examination of the various arguments which have been adduced by the supporters of these different views, but shall confine ourselves to one point only, on which the opponents of the Hallerian doctrine have more lately assailed it by new facts, against which its author has left no adequate defence. The point to which we refer, is the effect of the injury of a nerve upon the contractility of the muscular bundles in which it is distributed; and on this, the arguments of those Neurologists who maintain that the property of contractility is dependent upon some influence transmitted along the nerves to the muscles, from the central organs of the nervous system, may be thus stated in general terms,—that functional and structural derangements of the brain and spinal chord usually produce paralysis of some part of the body, which, if continued for any length of time, is followed by diminished contractility, size, and strength of the muscles paralyzed; and that the section of a nerve, or even the tight application of a ligature around it, most certainly induces those effects in the muscles in which it is distributed. To these arguments it may also be replied, in general terms, that all that can be meant by the term paralysis, in the cases referred to, is, that the muscles have ceased to act in obedience to the mental act of volition; for, if mechanical excitation be applied to the nerve, below the point where it has been cut across or included in the ligature, within a certain period of time after the muscles have been thus rendered quiescent, equally active and durable contractions can be produced in the muscles which are said to be paralyzed, as in other muscles whose nervous connexion with the central organs of the nervous system has been left untouched; and that the subsequent disappearance of the contractility in muscles thus insulated from the central organs of the nervous system, is due to the imperfect nutrition which follows a state of inaction, in whatever organ of the body this may be induced. We shall now examine the specific facts upon which these arguments are based, and attempt to ascertain their relative value. Valli observed that the muscles of the limb of a frog frequently ceased sooner to respond to the excitation of galvanism, when the large nerve passing to them had been left uninjured, than when it had previously been divided. Dr. Fowler found that when one sciatic nerve was cut in a frog nine days before decapitation, no apparent difference could be detected in the vigour and persistence of the contractility of the two posterior extremities. Nysten satisfied himself upon the bodies of two apoplectic patients, who died several days after being attacked with the disease,—the one from the first and the other from the second attack,—that the application of galvanism excited as violent contractions in the muscles of the paralyzed, as of the sound side. Dr. Wilson Philip performed and repeated the following experiment:—The large nerve of the posterior extremity of a frog was divided, and the limb wholly deprived of sensation and voluntary movements. The skin was then removed, and a stimulant (a solution of salt) was kept constantly applied to the muscles till no further contraction could be excited in them, which happened in about twelve minutes. The skin was then removed from the opposite limb, and the muscles subjected to a similar treatment, without injuring the trunk of the nerve, and all signs of contractility ceased in a somewhat shorter period than in the limb in which the communication between the muscles and the central organs of the nervous system had been cut off. This difference may be accounted for by the circumstance, that in the limb in which the nerve had been left entire, the animal would continue to exercise voluntary movements, so that its muscles were exposed both to the effects of the artificial stimulants and of the nervous agency. Mr. J. W. Earle, after testing the facts advanced by Dr. W. Philip, admits their accuracy, but objects to the conclusions deduced from them, and maintains that they can only enable us to judge of the amount of contractility in the muscles at the time the experiment was commenced, and cannot give us any information as to the source from which it was derived; and has further maintained, that before we can agree in the inference drawn from such experiments, it would be necessary to ascertain if the contractility would return with equal rapidity in the limbs, after being treated in the manner described. These objections, it is obvious, apply equally to the experiments of Nysten, Valli, and Fowler, as to those of Dr. Wilson Philip. Mr. Earle instituted a few experiments on this point, and states that he has satisfied himself, that while the contractility returned in the limb in which the nerves had been left entire, that it remained extinguished in that in which the nerves had been divided. The mode of experimenting followed by Mr. Earle, is, however, liable to an obvious source of fallacy, for it must necessarily have produced great inflammation and all its consequences in the limbs thus treated; and from Mr. Earle's own description, it would appear that the limb in which the nerve had been cut, was more disorganized than that in which it had been left entire. If such an experiment could be relied upon, it would most decidedly prove that, after the muscles of a limb had been cut off from all nervous communication with the central organs of the nervous system, and, then exhausted of their contractility, that they never regain this property. With the view of deciding this point, we made, at the suggestion of Dr. Alison, an extensive series of experiments, the result of which were laid before the British Scientific Association. These were made also upon frogs, and in such a manner as to exhaust the muscles of their contractility without disorganizing the textures of the limb. The large nerve of one limb was exposed, cut across, and part of it removed, while in the opposite limb it was simply exposed. The skin was allowed to cover the muscles in both limbs. The muscles of both limbs were then strongly galvanized until they had ceased to contract—one wire being applied to the nerve, the other being placed on different parts of the surface of the limb, and a solution of salt used to moisten the part of the surface of the limb upon which the wire was applied. It was ascertained that the contractility returned as quickly and strongly in the one limb as in the other, though in one of these the muscles had been insulated from all nervous connexion with the brain and spinal chord, as evinced by the circumstance that they remained quiescent when the chord was crushed and a stilet pushed down the spinal canal, while the muscles of the other limbs were thrown into violent contractions. We have, in the result of these experiments, sufficient evidence that the contractility will re-appear in the muscles of a limb in which it had been previously exhausted, and when the nervous connexion between them and the central organs of the nervous system had been broken through, and are, consequently, forced to conclude that this property of contractility cannot be derived from the central organs of the nervous system. We have also several times performed the experiment by using pure water to moisten the limb, instead of the solution of salt, and with the same result. No one can even perform the experiment of exhausting the muscular contractility in the limb of a frog, after the sciatic nerve has been divided, without feeling fully satisfied that the property of contractility cannot be derived from the central organs of the nervous system; for he finds that if he again applies the wire a very few minutes after the contractility of the muscles has ceased to respond to the excitation of the galvanism, that pretty strong contractions may again be produced, and this rapid re-appearance of the contractility will occur many times in quick succession. In performing such experiments, it is found to be a tedious process to exhaust the contractility; and even when we have succeeded most perfectly in our endeavours to exhaust it, feeble muscular contractions may be excited after a quiescence of a few minutes. Dr. Marshall Hall has suggested, that in these experiments the division of the nerve may have acted in the manner of a shock upon the muscles in which it is distributed; and the re-appearance of vigorous muscular contractions after from two to four days, may be due to the passing off of the effects of the shock, and not to the muscular bundles having regained that contractility which was lost. With the view of testing that suggestion, I exhausted the muscles of the posterior extremity of a frog, having removed a portion of the sciatic nerve, as in the former experiments. After waiting four days, the muscles of the limb were again exhausted, but the contractility, two days after this, had returned as vigorous as before. The experiment was continued further, and these muscles were exhausted four different times, and each time the contractility returned, though the trunk of the nerve had not been disturbed after the first part of the experiment, when a portion of it was removed. This experiment was repeated,

and with the same results, when the animal was healthy. These facts are sufficient to prove, apart from other considerations, that the re-appearance of the muscular contractility in these experiments cannot be attributed to any supposed temporary diminution of it, in consequence of the injury done in dividing the nerve supplying the muscles. Müller has detailed some experiments, which he believes to be subversive of the Hallerian doctrine, and to which he appears to attach much importance. He divided the ischiatic nerve in the middle of the thigh in a rabbit; and though, after the expiration of a period of one month and twenty days, the muscles of the limb still contracted when irritated, yet if a longer period was allowed to elapse, they were found to have lost their contractility. In an experiment upon a rabbit, five weeks after the division of the nerve, contraction of the muscles could not be excited by irritating the nerve either mechanically, by a chemical stimulus, caustic potash, by galvanism, or by irritating the muscle itself. The muscles in the limb of a dog contracted slightly ten weeks after the division of the nerve leading to them. Similar results had been observed by Fowler in experiments upon frogs. But before we can admit that these experiments afford any evidence in favour of the opinion that muscular contractility is dependent upon some influence transmitted along the nerves to the muscles by the central organs of the nervous system, it would be necessary to prove that a state of complete inaction for so long a time would not of itself be sufficient to produce such effects, since we know that muscles rapidly lose in bulk and in the vigour of their contractions, when thrown into a state of perfect quiescence. And this inquiry becomes the more necessary, when we are informed by Valentin, that on microscopic examination of the muscular fibre after such experiments, the diminution in the vigour of the muscular contraction was proportionate to the physical changes which had taken place in the structure of the muscular fibre, as observed through the microscope; and we also learn from Mr. Skey that he has observed similar changes in the muscles of the human species, thrown for a long time together into a state of inaction, and where the nervous communication between the muscles and spinal chord had not been interrupted. With the view of obtaining satisfactory evidence on this point, the following experiments were performed:—

Exper. 1.—The sciatic nerve was divided in a rabbit, and a portion of it removed. One wire from two galvanic batteries of thirty pairs of plates, was applied over the course of the nerve, and the other wire was applied over the foot, which was kept moist until the muscles had ceased to contract. Three days after this, a weaker battery was used, and the muscles of the limb had recovered their contractility, and contracted powerfully. The more powerful battery was used as before, until the muscles had ceased to respond to the excitement, and three days after this, they had again recovered their contractility.

Exper. 2.—The sciatic nerve was divided in a rabbit, and a portion of it removed. Seven weeks after the operation, the animal was killed by a dose of prussic acid, and the muscles of both posterior extremities were exposed and irritated by the direct application of the wires of a galvanic battery to the muscles. The muscles of the leg of the paralysed limb contracted very feebly, while those of the other leg were thrown into powerful contraction. The muscles of the leg of the paralysed limb were evidently much smaller, paler, and softer than the corresponding muscles of the opposite leg. The muscles of the two legs were then carefully removed, and weighed in a delicate balance, and their respective weights were as follows:—

	Grains.
Weight of the muscles of the leg of the sound limb	327
——————paralysed,	170
Weight of the tibia and fibula of sound limb	89
——————paralysed,	81

On examining portions of the muscles of both legs under the microscope, a very obvious difference in the physical appearance in the muscles of the two limbs at once presented itself. The muscular fibres of the paralysed leg were considerably smaller, had a somewhat shrivelled appearance, and the longitudinal and transverse striæ were much less distinct than in the muscles of the sound leg.—From these experiments, we believe, we are justified in concluding.—First, That it the warm, equally as in the cold-blooded animals, the contractility will return as vigorously as before in muscles which have been insulated from the central organs of the nervous system, and their contractility exhausted, or at least much enfeebled. Secondly, That the loss of contractility which subsequently occurs in muscles insulated from the central organs of the nervous system, may be satisfactorily explained by their imperfect nutrition, consequent upon the state of inaction into which they are thrown.

To decide whether or not this imperfect nutrition was dependant upon inaction, or upon any supposed nervous influence flowing along the nerves to the muscles, another series of experiments was performed.

Exper. 3.—The spinal nerves were cut across, as they lie in the lower part of the spinal canal, in four frogs, and both posterior extremities were thus insulated from their nervous connections with the spinal chord. The muscles of one of the paralysed limbs were daily exercised by a weak galvanic battery, while the muscles of the other limb were allowed to remain quiescent. This was continued for two months, and at the end of that time, the muscles of the exercised limb retained their original size and firmness, and contracted vigorously, while those of the quiescent limb had shrunk to at least one half of their former bulk, and presented a marked contrast with those of the exercised limb. The muscles at the quiescent limb still retained their contractility, even at the end of two months; but there can be little doubt that, from the imperfect nutrition of the muscles, and the progressing changes in their physical structure, this would in no long time have disappeared, had circumstances permitted me to prolong the experiment.

We believe, then, that we have adduced sufficient evidence to show, that though the facts detailed by Müller are perfectly correct, yet the inferences which he has drawn from them, regarding the dependence of the property of muscular contractility upon the central organs of the nervous system, are untenable. Dr. Marshall Hall has lately published some experiments bearing upon this question. He divided the spinal chord immediately below the brachial plexus, in six frogs, and then cut across the sciatic nerve in one of the posterior extremities of each animal. In these animals, then both the volitional and excito-motory movements were paralysed in one extremity, while, in the other extremity, the excito-motory movements were retained, as the nervous communication between the muscles of that limb and the spinal chord was left uninjured. He found, after the lapse of a few weeks, that when galvanism was transmitted through the water in which the animals were kept, that while the muscles of the limb which still retained their connexion with the spinal chord were thrown into contraction, the muscles of the opposite limb remained quiescent. "This difference in the degree of irritability in the muscular fibre of the two limbs, was observable when these were entirely separated from the rest of the animal." We have no intention of calling in question the facts contained in the memoir of this distinguished physiologist, nor the very interesting practical deductions which he has based upon them; we only object to the correctness of his inference, that the source of muscular contractility is seated in the spinal chord. Before we can lay down a law in any of the sciences, or, in any other words, arrived at a true generalization, it must include all the facts of the case; and consequently, if the facts which we have detailed in the above experiments be correct, the generalization at which Dr. M. Hall has arrived, cannot be the true one, for it does not include these facts. To prevent this argument from being retorted upon ourselves, it is incumbent upon us to endeavour to point out how the facts observed by Dr. M. Hall can be included in the generalization for which we are contending, viz. that the property of contractility is inherent in the muscular fibre. Two circumstances likely to aid us in doing this, have suggested themselves:—1. As the muscles of the limb in which the sciatic nerve had been cut, could only be called into contraction by direct excitation of the muscular fibre, while the muscles of the limb in which the excito-motory movement were retained, could be called into contraction both by direct excitation of the muscular fibre, and also by excitation of the skin, it is obvious that the more vigorous contractions observed in the limb in which the nerve had been left entire, may have been partly dependent upon the galvanism acting as an excitant upon the skin in the one limb, and not in the other. That galvanism can act as an excitant upon the skin, and produce vigorous excito-motory movements, we have satisfied ourselves by experiment. 2. Though the muscles of the posterior extremity of a frog no longer respond to the motive influence of volition, after the spinal chord has been cut across, yet if the excito-motory movements remain, these muscles, as we have satisfied ourselves by experiment, may be occasionally thrown into contraction by various causes, such as the rubbing of the skin against the surface of the vessel in which the animal is placed, when it crawls outwards by the action of its anterior extremities, while those of the limb in which the nerve has been cut remain perfectly quiescent. And if this be the case, it is obvious that these occasional muscular contractions in the one limb, may retard, or perhaps arrest, in the muscular bundles of that limb, those physical changes which are incompatible with the manifestation of the property of muscular contractility.

We believe that the facts and experiments we have here detailed, are sufficient to prove, that the property of muscular contractility is not derived from the central organs of the nervous system. We are also satisfied, that a careful consideration of all the facts and arguments adduced in support of the opinion, that the property of contractility is derived from the nervous filaments distributed in the muscular fibres, would prove that they have totally failed in effecting this purpose, and that here the evidence likewise preponderates considerably in favour of the Hallerian doctrine. Upon the examination of this part of the question, however, we do not intend, nor do we think it necessary, to make any remarks.

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CASES OF ABSCESS IN THE ILIAC FOSSA; WITH REMARKS.

By EDWARD CHARLTON, M.D. Edin., of Newcastle-upon-Tyne.

Ellen Simpson, aged 25, was admitted a patient of the Gateshead Dispensary on the 23rd January, 1840. She has had several children, none of which are now living. Was delivered about a fortnight ago, after a tolerably easy labour. The child died in two or three days. She complained, on admission, of severe pain in the right groin, extending to the inside of the knee, where it is most intense. Pulse 100. She feels hot, and complains of thirst, and some tenderness on pressure in the lumbar region. Bowels slow.—*Diagnosis.* Deep seated inflammation in the right iliac region, giving rise to a neuralgic affection of the anterior crural nerves.—*Treatment.* Bled to ℥xviii.; eight leeches were applied to the iliac region; calomel with opium administered at night, and castor-oil in the morning. Some slight benefit was derived from these applications, but the disorder continued to increase. Leeches were repeatedly applied to the groin, and anodyne fomentations and embrocations to the thigh and knee, but without any effect. Afterwards a small blister, with acetate of morphia sprinkled upon the abraded surface, was had recourse to; but she appeared not to derive any benefit, until poultices of linseed were applied on the 24th of February. It was with difficulty that we could persuade the patient to keep them applied, so great was the tenderness of the iliac region; but on the 26th of February, a small swelling appeared in the groin, close to Poupart's ligament. This was assiduously poulticed for three or four days, when, as it seemed to point, an opening was made with a lancet, and a large quantity of pus evacuated.

March 1st.—No immediate relief followed the discharge of the purulent matter, which continued to flow very copiously for some weeks. The patient lay with the thigh bent at an acute angle on the abdomen, and with the knee bent upon the thigh, from which position she could not bear to be moved. She complained again of pain in the lumbar region, and a slough of considerable extent had formed on the sacrum. The principal seat of pain was, however, at the knee; but occasionally the cutaneous nerves of the right foot were so much affected, that she could hardly bear upon it the pressure of the bed-clothes. After the middle of March the pain occasionally recurred in the iliac region, coming on in paroxysms, without any rigors. She now became very hectic in appearance, and severe diarrhœa, with some slough, placed her life in danger. The diarrhœa was checked by aromatics, with the cretaceous mixture, and she was ordered full diet, with porter. Strong opiates were occasionally administered to procure sleep during the paroxysms, and belladonna plasters were applied to the knee. Poultices and the resinous ointment were applied to the groin, and to the slough upon the sacrum. During the month of April, 1840, she gradually improved, and the above treatment was assiduously continued. The paroxysms of pain became less frequent, the appetite improved, and sore on the sacrum healed. The pain was only felt in the knee, and occasionally in the upper part of the thigh.

May 1, 1840.—The abscess has ceased to discharge, the sore on the sacrum is healed, and the patient is gaining flesh daily; the pain is now very slight, but she can neither extend the leg, nor bear any weight upon it.—She was ordered to bathe the limb twice a day with hot water and salt, and cautiously to extend and use it by degrees.

May 13.—Still continues to improve. Can now bear some weight upon the limb, but cannot extend it fully. There is some soreness along the flexors of the thigh, and the leg is much emaciated; but the muscles have become much fuller during the last fortnight.

November 22.—She has completely regained her former robust appearance, but cannot yet extend the limb as before, and therefore still continues to walk with a crutch. The leg is much increased in size, but still smaller than the left.

Elizabeth Routledge, aged 37, was admitted a patient at the Gateshead Dispensary on the 18th of October, 1839. She had been delivered of her first child about two months before, after a very painful and tedious labour. For about a fortnight she seemed to be doing well, when a severe pain came on in the right iliac region, and extending down the thigh to the knee from the anterior superior spinous process of the ilium. This was combated by anodyne applications, and hot turpentine epithems, which, according to her account, created great irritation of the cutaneous surface. By this treatment, the pains seem to have been somewhat alleviated, as *strychnia* had been given to remove the *paralysis* which remained. When first seen by the apothecary of the dispensary, she complained of severe pain and tenderness in the right iliac region, and down the right thigh, principally in the course of the anterior crural nerves, viz., from the anterior spinous process of the ilium, down to the knee and popliteal space. No tumour could be discovered about the seat of the pain. There was slight tenderness on pressing the right side of the lumbar vertebræ. Her appearance was decidedly hectic. She had slight cough and frequent diarrhœa. Her child, which she suckled herself, was weakly, and died about three months after birth. Thinking that the neuralgia proceeded from deep-seated inflammation in the lumbar or iliac regions, leeches were applied to the loins and groin, and the dysenteric diarrhœa, which had now greatly increased, was combated by small doses of calomel, with opium at night, and castor oil, with a few drops of tinctura opii in the morning. For some time after this, anodyne fomentations and embrocations were applied, and rest procured by means of acetate of morphia. Small quantities of brandy and water were occasionally allowed, as she seemed to be sinking from the dysenteric purging. Subsequently it was attempted to check this by cretaceous mixture, with confect. opii, and the acetate of morphia was given, combined with small doses of hydrargyrum c. creta. Under this treatment she seemed to rally a little, and the pain in the thigh became less severe. In the beginning of November, she again applied to the dispensary, as the pain and diarrhœa had returned worse than before. In the meantime, tartrate of antimony ointment had been rubbed over the seat of pain in the iliac region by another practitioner, and an attempt had been made to check the diarrhœa with kino. As the kino did not agree with the stomach, the former plan of treatment was again resorted to, the diarrhœa being partially checked by the cretaceous mixture, and acetate of morphia given to procure rest at night. She had now a troublesome sore from the effects of the tartrate of antimony, which prevented us from making an accurate examination of the iliac region. She was totally unable to extend the right leg, which was bent at an angle of 45 to the body, and cough, with occasional purulent expectoration, became one of her most harrassing symptoms. In January, 1840, after severe rigors, an abscess formed in the right axilla, which burst and discharged a considerable quantity of matter. The sore in the groin was now healed, but she still complained of excruciating pain in the knee, and had become much more emaciated. The iliac regions of both sides were constantly examined, but no swelling could be detected there. The diarrhœa still continued with cough, for which latter some leeches were applied, and the tinct. camph. comp. given occasionally, and small doses of hydrarg. c. creta, with extr. hyoscyami twice a day. In February, she still continued much in the same state. The sound on percussion of both sides of thorax clear; the bronchial râle was heard at times very loud, but on other days was much less apparent. She was now occasionally attacked with bilious vomitings. Belladonna plasters and leeches to the lumbar regions were applied with good effect, and the same general treatment was continued. Early in February, I was induced to suspect iliac abscess in this case, from the perusal of Grisolle's excellent paper on this subject in the "Archives Gén. de Médecine." In consequence of this, poultices were applied to the groin, and were continued with but slight interruption up to the period of her death. About the 20th of April, she complained much of pain in the groin, and around the head of the femur, but no swelling could here be detected. However Mr. Tinniswood, the apothecary of the dispensary, thought he could detect a slight degree of "*empatement*" in the groin above Poupart's ligaments. She continued to sink, and died on the 24th of April.

To be continued.

MEETINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Monday, May 3, 1841.

MERCURY AS A REMEDY FOR INFLAMMATION.

President—Dr. Clutterbuck.

The discussion this evening had reference to the case related by Mr. Pilcher at the last meeting: several points in pathology were started.

In the course of the discussion, Dr. Clutterbuck took the opportunity of making some observations on the present general use of mercury as an anti-inflammatory remedy. He believed that the medicine in question did not possess the power over inflammation which many supposed it did. Even in iritis, and in cases of inflammation of serous membranes, he was inclined to attribute the good results which followed the administration of mercury, to the depletory means which had been resorted to previous to the exhibition of this medicine. He well recollected the introduction of mercury into practice in this country, as an antiphlogistic agent; it was imported by Dr. Saunders, from India, and exhibited by Dr. Currie, as a specific in inflammatory affections of the liver. Dr. Currie, it was now generally acknowledged, rode his hobby too hard; and he (Dr. Clutterbuck) was supported by many others in the opinion that mercury did not possess the specific properties in liver affections which had been attributed to it; and that many other remedies, particularly those of an anti-inflammatory kind, were of more service in this class of diseases. He did not mean to contend that in these cases loss of blood was always advisable, though in some cases it might be resorted to with advantage. Mercury was by no means to be employed with impunity in all cases; for in many instances very bad effects followed its employment.

Mr. Procter thought the preparations of mercury were among our most useful remedies in cases in which we were at a loss how to proceed. He thought mercury of great service in inflammatory diseases, particularly in children, after depletion had been resorted to. In fevers, of late years, mercury in small doses had been, in his hands, of much service. Regarding the bad effects said to follow its administration, he had never witnessed them, except where the medicine had been abused.

Dr. T. Thomson thought mercury possessed a specific power over inflammatory diseases; he con-

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sidered its chief influence, however, was on the capillaries.

Mr. Elliot had found mercury the most serviceable medicine in those cases of inflammation of serous membrane in which bleeding had been premised. In cases of mania connected with a syphilitic taint, he had found the long-continued use of blue pill, with iodide of potassium, of essential and permanent advantage. He had seen no bad results from this practice, even after it had been pursued for several months. He had, however, some years since, at Haslar Hospital, seen very dreadful effects from mercury consequent upon the patient's catching cold while under the influence of the medicine.

Monday, May 10.

DISEASE OF THE TESTICLE.

President—Dr. CLUTTERBUCK.

Mr. Pilcher exhibited a testicle which he had that day removed from a young gentleman, about twenty years of age. The patient had been somewhat precocious in the development of his testicles; had dark hair and eyes; was small and thin, and of rather weakly constitution. Six or eight months since he received a blow on his testicle with a stick, having at the time never had syphilis or gonorrhœa. The testicle became enlarged, but without pain; and as his sexual appetites and performances were not interfered with, he, at first, took no notice of the injury he had received. After some time, however, the testicle became inconvenient, from its weight and size, having very much increased in both, and he applied to a medical man on the subject. Various remedies were applied without making any impression on the gland, and Mr. Pilcher was consulted respecting it. He found it to be very hard, but still somewhat compressible; it was four times as large as the opposite gland, and was free from pain; the cord could be felt distinct from the testicle. Considering that the enlargement was the result of chronic inflammation, occurring in an unhealthy constitution, mercury was administered, but took no effect, either on the mouth or the disease, while his general health became much depreciated. The mercury was accordingly discontinued; the patient placed on generous diet, and sent into the country. He soon recovered his usual health. The skin covering the testicle now ulcerated, and a quantity of strumous matter escaped from the opening. Numerous granulations appeared about the ulcerated part, which frequently took to bleeding, and very much reduced the strength of the patient. Mr. Pilcher now thought that the sooner the gland was removed the better; but Mr. Travers, who was at this time in consultation, was of opinion that the general health of the patient would not admit of operative procedure. The testicle was now strapped up, but the bleeding still continued, and an abscess formed. The cord increased in size, and became tender from the pressure of the testicle upon it, the gland itself still remaining free from pain. As the health was now improved, and as there was no enlargement of the glands in the neighbourhood, Mr. Pilcher removed the testicle. This was readily done. On examining the cord the posterior portion of it was found somewhat diseased, and he at one time thought of slitting up the external abdominal ring, to remove those parts which were otherwise out of reach of the knife. As, however, the anterior part of the cord and the vessels were all healthy, and as he considered the affection to be strumous, and not fungoid, he did not resort to this step. On examining the testicle, he had come to the conclusion that the disease was of a scrofulous character, had been excited by ordinary and common causes, and was not malignant. The body of the testicle had a lobulated and mottled appearance; the matter contained in the lobules was of a tubercular description, in various stages of development, in most parts being hard, but in one or two places quite softened down into a pulpy, cheesy kind of matter. The vas deferens was partially diseased. Mr. Pilcher considered that the deposit had resulted from long-continued chronic inflammation, occurring in a constitution incapable of developing the ordinary organised deposit of inflammation, and therefore depositing strumous matter. Respecting the age of the patient, had not himself seen a malignant disease in so young a subject. Dr. Walshe, in his valuable article on cancer, had mentioned several cases of this disease which had occurred in early life; and Sir A. Cooper had recorded a case of malignant disease of the breast in a young woman of twenty-five. He (Mr. Pilcher) had seen a case of cancer proving rapidly fatal in a lady, aged thirty. Several distinguished surgeons had seen this case in its early stage, and had concluded, chiefly from the age of the patient, that it was not malignant. Regarding the case of the diseased testicle first related, the complexion of the patient might be considered to militate against the opinion that the disease was strumous; but it must be recollected that struma was not confined to persons of light complexion.

Mr. Crisp had seen many cases of fungoid diseases in children, particularly when the eye was the seat of the disease. He had always understood that the distinguishing mark of fungoid and cancerous disease, was, that the former was likely to occur in the young, and the latter not so. Looking at the main facts of Mr. Pilcher's case—the constitution of the individual, the rapid growth of the diseased organ, and the painless nature of the affection, he could not help having great fear for the result. Pain was often quite absent in fungoid diseases of the eye. He recollected Mr. Green removing the eye of a child of nine years of age, which was affected with fungoid disease, and of which the patient died. Mr. Wardrop had recorded twenty-one or twenty-two cases of fungoid disease of the eye, all of which occurred in young persons.

Mr. Headland had doubts as to the ultimate success of the case, as he was inclined to attribute the disease to a peculiar condition of the system, and not as the result of inflammation, which, *per se*, he believed would never have produced the deposit.

Mr. Hird thought that the constitution of the patient, the symptoms of the disease, and the appearances presented by the morbid growth, all warranted the anticipation of a favourable termination of the case. Cases of strumous affections of the eye were worse in dark-complexioned persons than in others. Cancer or fungoid disease was seldom unaccompanied by great constitutional disturbance or glandular enlargement, both of which were absent in this case. In malignant disease, also, the arteries would have been more diseased. The absence of pain, also, was favourable to success. The appearances presented by the tumour were those of scrofula, in different stages of development. He noticed also the absence of an appearance usually present in malignant disease, and consisting in peculiar bands, or striæ, intersecting the mass throughout. If malignant, he should also have expected to have found the cellular coats of the neighbouring arteries diseased.

Mr. Dendy thought the disease was decidedly strumous, chiefly on account of there being evidence of two or three stages of that disease in the gland; had it been a fungous tumour, the entire of the diseased mass would have changed in appearance when the ulceration took place. Under any circumstances, however, he thought, in a doubtful case of this kind, that the patient should have the advantage which an operation afforded.

Mr. Evan Jones considered the disease to be strumous, and thought that the fact of the small glands about the carotid artery being enlarged (a point to which his attention had been directed by the patient) strengthened this opinion. This, with the appearances presented by the testicle, gave him no doubt that the disease was strumous.

Mr. Procter was afraid of the appearances presented by the gland, and related a case of a small filbert-shaped tumour on the rectum, occurring in a middle-aged man, and which was removed by Mr. Copland, with the effect of apparently curing the patient. After a time, however, a small portion of the disease, which had been beyond the reach of the knife in the rectum, ulcerated, took on malignant action, and destroyed the patient. He thought, however, Mr. Pilcher had acted wisely in the removal of the disease, although he was fearful of its return in some other part of the system.

Mr. Hancock related the case of a stableman, who, having caught cold, became three days afterwards affected with a swelling of the left testicle. The symptoms presented were those of simple chronic enlargement of the gland. After a time, however, various soft spots were to be detected in various parts of the testicle, and at the end of two or three months the late Mr. Howship removed the gland; the patient, who was a dark, swarthy man, went out of the hospital well. He returned, however, at the end of twelve months, with a similar condition of the right testicle, consequent upon cold; he (Mr. Hancock) declined to remove the diseased growth, and applied iodide of potassium ointment to it: he also gave him iodine and iodide of potassium internally, and the testicle got much less. He was sent into the country, and Mr. Hancock lost sight of him. On opening the testicle which was removed, it did not present the appearance of malignant disease, but, like the specimen on the table, was smooth.

Mr. Pilcher was glad that the general opinion was in favour of the operation, and of the eventual well-doing of the patient.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

PECULIAR DISLOCATION OF THE HIP.

JAMES MILLWOOD, æt. 70, was admitted on the evening of May 3, apparently in a dying state. He was found to have fracture of several of the ribs of the left side, and fracture of the right thigh, a little below the middle. The left foot was much everted, and there being no fracture of this limb, the attention of the house-surgeon, Mr. Tarrant, was immediately directed to the hip-joint, and the following appearances presented themselves:—The outer part of the left hip-joint was much flattened, and the usual prominence of the trochanter wanting. About an inch below, and a little external to a line, drawn perpendicularly downwards, from the anterior superior spinous process of ilium, was situated the *head* of the *femur*, the trochanter major lying backwards and outwards to the latter. The head of the bone could be distinctly felt to move on flexing or rotating the limb.

It was impossible to ascertain (during life) what was the amount of shortening, in consequence of the fracture of the opposite thigh. The eversion of the foot was so considerable, that the great toe might be said to point outwards, and slightly backwards. The limb admitted of very slight rotation or flexion.

The accident was occasioned by his being thrown out of a cart, and becoming entangled in the reins; the horse ran away, and he was dragged to some distance. He died shortly after his admission.

On examination after death, it was found that the bone had been dislocated directly upwards, the head lying on the anterior inferior spinous process, and a little to its outside. The trochanter major situated posteriorly, and resting on the dorsum of ilium, the trochanter minor resting on the outer edge of the acetabulum. The gluteus medius and minimus were very extensively ruptured, and nearly torn through, at about two inches from their attachments to the trochanter major. The gemellus superior was slightly lacerated, as was also the gemellus inferior and the upper fibres of the quadratus femoris, besides the short head of the rectus. The capsular ligament was extensively lacerated at its superior part. The "ligamentum teres" entirely ruptured, a little before its attachment to the acetabulum; so that a portion of it remained adhering to both its points of insertion. There was a great quantity of effused blood in all the textures surrounding the joint. The parts are preserved for a preparation.

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ACUPUNCTURE OF THE HEART IN APPARENT DEATH.

Dr. Antonio Carraro informs us, in the *Annali Universali di Medicina*, that he has successfully used *acupuncture* in cases of apparent death. He performed the following experiment before several individuals. An eight days' old cat was kept under water until all motion ceased, when the animal was taken out; the tongue protruded from the mouth, and was covered with froth. The extremities were stiff, there was no pulsation of the heart, and every other sign of life was absent. On being cast into the water for the second time, it sank to the bottom. It was then taken out, exposed to the sun, and dried with warm towels. Abdominal frictions were ineffectually practised, and it was not until the lapse of three quarters of an hour after the disappearance of the signs of life, that acupuncture was had recourse to. A needle was pushed onwards through the heart, until its point rested on the vertebral column. Five minutes had hardly elapsed, when the needle was observed to move, which indicated a movement of the heart. This motion increased, which was soon followed by movements of the upper extremities, then respiration, crying, and lastly, movements of the whole body. The animal continued to live and suckled its mother. This same experiment was frequently repeated with similar effects, from which Dr. Carraro concludes, that puncture of the heart is not only a useful but a safe operation. He concludes his remarks by trusting that his method may be tried in cases of asphyxia.—*Froriep's Notizen*, &c., vol. xv.

ANATOMICAL MODELS.

The Society of Arts, at their meeting on Wednesday last, voted their Gold Isis Medal to Mr. Simpson, surgeon to the Westminster General Dispensary, for the application of papier mâché to the making of anatomical figures, and models of morbid anatomy. Mr. Simpson, some years ago, turned his attention to the constructing of anatomical models, in consequence of the difficulty and expense at that time attendant on procuring subjects for dissection. The materials in general use for anatomical models were wax or plaster, of which the former was found to be too expensive to come within the means of lecturers, and students in general, and was too delicate to be handled in the lecture-room without incurring the chance of considerable damage. The plaster of Paris models were also objectionable, on account of their great weight and brittleness. The material which he uses is paper worked into moulds taken from dissections; this produces a model of extreme lightness, and so hard that it may be freely handled without danger of damage. The external surface is painted in oil-colour, representing the appearance of the dissection.

The right side of the figure which Mr. Simpson exhibited to the Society represents the superficial arteries, veins, nerves, and muscles; the left side shows the second and third layers of muscles, the deep-seated vessels, and more particularly those parts concerned in surgical operations.

The internal parts are removeable, so as to exhibit the natural arrangement of the thoracic and abdominal viscera, the brain and its membranes, the spinal marrow, tongue, &c.

Mr. Simpson having conceived that his invention would be particularly serviceable for the study of anatomy in warm climates, where wax models cannot be used, nor the natural subject be conveniently dissected, he submitted some specimens to the Honourable East India Company, who some time since purchased forty of his figures, which were sent to various settlements in India, for the use of the European surgeons, as also for the instruction of the native surgeons, who were assistants in the Company's Military Hospitals, the religion of the latter prohibiting their studying from dissections.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED.

NO. XII.

"Empirics will undertake all cures, yet know not the *causes* of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

Conclusion of Laws of Henry VIII.—Two classes of REGULAR *Surgeons created by Bishops and the Royal College of Surgeons in England.—Herbal Doctors and Doctresses entitled to practise by the statutes.*

How is it that, as well as these, old quack routinists, who have filled the towns, as well as the PURE apothecaries, with their ghastly and scandalous spectacles of their mutilations and abominations in operative surgery, are not punished both for irregularity and at common law for felony? Why have they got off scot-free like innocents and immaculates from the penalties of the Act 3 H. viii.? What do we mean by all our grumbling at the competition of all these knavish, half-taught quacks, and about having no laws for the prevention and suppression of irregularity and quackery, when here is one good law and many more which has stood in force 300 years for the purpose of stopping these interlopers, who have formed two-thirds, if not three-fourths, of the illicit physicians, pretended general practitioners, and pure apothecaries, calling themselves surgeons, of the last twenty-six years? What has been the use of Colleges and Halls, if, there being laws in full force against the infamy and nuisance of quackery, no college, hall, or professional body has recollected or enforced them? Proh pudor! Well may we exclaim again with Stow, "we have laws, but would to God they had had life." The neglect of them has been abominable in the eyes of man, ruinous to the well-educated and regular, and most disgraceful to our old, incapable, contemptible, impotent, and useless institutions.

Mr. Wilcock, in other places, however, hesitates about the Act of 3 H. viii. being in full force after all; for he says, the question is, whether the statute which transferred the law as to physicians to the College from the Bishops, that is, the law of 14th H. viii., superadded these qualifications expressed by 3rd H. viii., or "whether it indirectly abrogated that statute? The general opinion of the lawyers and medical profession appears to be, that the qualifications required by 3rd H. viii. [redacted] superseded by the subsequent enactment; and it would be difficult, and by no means desirable, after so long an acquiescence in that opinion, and the dictum in Binham's case, to maintain a contrary doctrine, notwithstanding the loosely reported observation of the Court in the case of the Physicians (College of) against West." (P. 40.) This further doubt and difficulty certainly raises the questions, whether quackery can or cannot be suppressed at common law by Act 3rd H. viii.; whether bishops have not yet power to qualify rural herbalists and country surgeons, if they choose to do so; and whether such parties, as the law stands, would not be regular? But it is enacted, by the 34th and 35th H. viii, 1542-43, that "persons being no common surgeons may minister medicines, notwithstanding it had been provided, in the 3rd year of H. viii., for the avoiding of sorcerers, witchcraft, and other inconveniences. The herbalists by that Act were legally authorised to practise with herbs, roots, and waters, and the using of and ministering of them." [New edit. of Percival's Medical Ethics, p. 173, 1827.] But in Burn's Ecclesiastical Law, it is declared on Laughton *v.* Gardner, Cro. Jac. 129, 159, that the Act of the 34th and 35th of H. viii. is considered as repealed *quo ad* (so far as) the College of Physicians; 1st Mary, sess. 2, c. 9, which confirms the 14th and 15th H. viii., c. 5, and thereby all subsequent acts contrary to it; and though this was afterwards doubted in Butler and the College of Physicians, it seems to receive confirmation from the 10th of Geo. i. c. 20, since expired, which, though it recites former acts, does not mention the 34th and 36th H. viii.

This statement gives only those acts which are repealed and invalid, but the Act 3 H. viii. is not included in its qualifying clauses.

As it still remains a question whether the privilege of herbalists or herb-doctor, man or woman, or rural quacks, is conceded or not by law, and whether the 3rd of H. viii. does not qualify and regularize as surgeon by a bishop's licence, though in part repealed, and as the inquiry is both interesting and important, we beg to say, that should this discussion meet Mr. Wilcock's eye, we should be glad to receive any further explanations from him that may throw light upon his mind, since 1830, upon the subject, as according to 3rd, 24th, 26th, 34th, and 35th H. viii., his *legal* history of the profession is the clearest and the best, and we take this opportunity of recommending his useful and interesting work to all Reformers, and all persons studious of the history and character of their profession.

As we wish to make those statements as simple and intelligible to every reader as possible, and to avoid all confusion, we shall give the heads of the important Acts of Henry viii. in succession, before which, there were "few materials," as Mr. Wilcock observes, "except gross quackery and detestable remedies, to permit a history of the Medical Profession anterior to the reign of Henry VIII."

1. The Saleme College, in 1237, was the first College of Regulars, and the first example of prohibition of Irregular and Quack practisers, as every person was required to spend three years in the study of Philosophy, and five years in the study of Physic, and to obtain a licence after examination by two doctors, before he could enter upon practice in that faculty. This example was followed by the College of Physicians, London, and the French Colleges and Universities, and would form now one of the best examples.

2. The first abortive efforts to obtain laws against the Irregulars and Quacks of England, who then swarmed, occurred in the 9th H. v. The Universities of Oxford and Cambridge then proposed to pass an Act of Parliament to exclude every one from the practice of Physic who had not taken the degree of Bachelor of Medicine, either at Oxford or Cambridge, under the penalty of £40 and imprisonment, whether man or woman. This "*supposed*" law, if ever a law, had not the desired effect, and it is doubtful whether it ever obtained the force of an Act of Parliament. [*See pp.* 10 *and* 11, *Wilcock.*] We could not find it in the statute book; though some such reference, perhaps by clerical error, for H. viii. has been made.—ED. The draught of H. v. may be seen in Wilcock, p. 4., part ii.

In an article on CANTERBURY or LAMBETH degrees, called a 'Sketch of CANTERBURY DOCTORS,' and also in a note on Dr. Oke (not Okey, as by misprint), of Southampton, being lately dubbed a physician for party services, [*see Medical Times, Vol. III.*, p. 76, *No.* 60, *and No.* 63, p. 117,] we gave an account of that anomalous power of the London Bishops according to the Act 3rd H. viii.; but it is clear that the Archbishop of Canterbury, nor any other Bishop has any right now to dub Canterbury or Lambeth Doctors, for the clause of the Act 14th and 15th H. viii., which confirmed the College Charter, annulled the right conferred on the Bishops by the 3rd H. viii. to make Physicians, and gave that right to the College solely, which was erected for the purpose. In fact, we doubt the validity of Dr. Oke's, or any degree so granted, since the Charter Act was passed.

3. The Acts of H. viii. are:—

I. Act 3rd H. viii. c. 11, anno 1511, an Act for appointing Physicians and Surgeons by Bishops, and suppressing Sorcerers and Witches, *with £5 penalty for every month that they do occupy as Physicians and Surgeons!* It was the basis of the Barber-Surgeon's Act of 32nd H. viii., 1540.

II. Act 14 and 15 H. viii., 1522-3, basis of the Act of Incorporation of College of Physicians, indeed confirmed the College Charter, 10th H. viii., and preceded the Acts for uniting the Surgeons and Barbers. It provided penal laws against Irregular and Quack Physicians practising without the licence, by "fines, amercement, and corporeal imprisonment, and other rational and congruous ways," but no

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amount of penalty is annexed. The College had full powers to punish Mala Praxis.

III. Act 32nd H. viii., 1522, reciting Charter; also 32nd H. viii., c. 40, 1540; an Act 1558, reciting privilege of Physicians, and touching the Corporation of Physicians, London.

IV. Act 32nd H. viii., c. 42, 1540, for uniting Barbers and Surgeons. [*See No.* 84, *Medical Times*, p. 40; *also Wilcock*, clxxi.]

V. Acts 34th and 35th H. viii., 1540. A bill, that persons being no common surgeons, may minister medicines, notwithstanding the statute 3rd H. viii. It makes it lawful for any one skilful, &c., to minister outward plaisters, poultices, or ointments, &c., to sores, according to skill and knowledge, and inward drinks or potions in stone and such-like diseases described in Act preceding; in fact, so far, it authorized old women to practise Surgery. But the College Act of 14th and 15th H. viii., and the Act of 1 Mary, invalidated its chief clauses. Its spirit is directed against covetous Surgeons and Empyrics; it seems to allow the privilege of Herbal and Rural Quack practice to *women only, within certain limits*, authorising those who do it for charity, and excluding those who do it for gain. In the prosecution of Butler for practising with herbs, as an unlicensed physician, within London and its precincts, by the College of Physicians, London, it was not denied that this Act was in force, but it was interpreted as above, and as otherwise repeated. It therefore does not appear that the Acts of the 24th or 28th, or 34th and 35th, entitle any unqualified or unlicensed person to practise as Herbalist or Rural Quack. This Act was passed, also, to rescind the Anti-Quackery clause of the 3rd H. viii., [*see Medical Times*, *No.* 85, *Vol. IV.*, p. 57,] which is so far also a dead-letter or obsolete law, or rescinded, because it confirmed a right of men and women practising irregularly and empirically as Herbal Doctors in Medicine and Surgery.

It is very clear all through, that the spirit of Henry VIII.'s Acts were directed to the total suppression of Quackery and Irregularity, as regards the Physicians and Surgeons, and the after-punishment of Mala Praxis in Physicians within the limits of their jurisdiction, by the full powers specified for this purpose by Acts 14 and 15 H. viii., 1522-3. It is said, that all Acts *subsequent* to these, and *contrary* to it, are rescinded by 10 Geo. i., c. 20. We shall see, by-and-by, in the sketch of the College of Physicians, how it came to resign this great salutary power of suppressing Quackery. [*See Wilcock's Work for Cases and Precedents of Punishment for Irregularity and Quackery.*]

BELLADONNA IN CASES OF ILEUS.—M. Becker has employed an injection of belladonna with the best effects in a case of ileus. A woman, forty-eight years of age, was seized, without any apparent cause, with constipation and vomiting; the ejected matter became gradually more foul, and at length fæcal matter was thrown up; this state had continued for five days, when M. Becker ordered a lavement, containing four scruples of the belladonna root. The pain of the abdomen, vomiting, &c., soon ceased, and in half an hour the woman passed a stool, with a good deal of blood in it. No narcotic effects were produced by the remedy. —*Gaz. Med.*

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

THE subject for the following course of lectures is the function of reproduction in the animal kingdom. Mr. Owen, in his first lecture, gave an account of the different theories advanced by various authors who had written upon the subject. In his second lecture a discourse upon spontaneous generation, to the views in favour of which subject he expressed himself decidedly opposed. In the third lecture he explained briefly the general characters of each class and division of animals, from the highest to the lowest, and pointed out the means of reproduction in infusory animalcules. According to Ehrenberg, the infusoria are provided with an ovary, a testis of considerable size, and reservoirs which represent the vesiculæ seminales. In rotifera, the ovary is of large size, and opens by means of its oviduct into a cloaca, with which two simple cæcal ducts the testes communicate. Connected with the cloaca is a peculiar contractile organ, which receives the seminal fluid and impels it into the oviduct.

The subject of the fourth lecture was the reproductive organs of the polypi, preceded by some observations on the modes of generation of the family of the sponges. Besides an incomplete fissiparous reproduction, sponges are provided with gemmules, which are produced in its cellular parenchyma, and are thence carried into the surrounding medium through the larger canals. The existence of cilia, as described by Grant, admits of considerable doubt, particularly since they have not been observed by Mr. Hogg on the surface of the gemmules of the spongilla, of fresh water sponge, although the latter gentleman employed a lens of much higher power than that used by previous investigators. Dr. Grant, in another instance, seems to have been induced, by analogy rather than by observations, to declare the presence of cilia upon the borders of the arms of polypiferous animals, in which no such organs can be detected. The gemmules of the sponge possess their locomotive power most probably through the agency of a contractile integument; their voluntary selection of a spot for a future growth, and their avoidance of light, as described by Grant, are very doubtful. Mr. Owen was disposed to agree with those physiologists, as Ehrenberg, Müller, Brown, &c., who considered that if a line could be drawn between the animal and vegetable kingdoms, the sponges would be placed upon the vegetable side of that line. Locomotion could be no proof of animality, for it was well known that the sporules of some cryptogamic plants possessed very perfectly the power of motion.

Polypi are divisible into three groups:—of the first and lowest group the hydra viridis may be taken as the type. The usual mode of propagation of this polypi is by means of buds, or gemmor, which shoot out from the side of the parent, and when perfected become separate and distinct individuals. In some instances a transverse fissiparous division had been seen to occur in them; but more recently Ehrenberg had discovered them to possess true generative organs in two situations, viz., around the base of the arms, and near the foot of the animal. In the former place were cells, which contained locomotive cercariæ, which he considered to be true spermatozoa, and in the latter situation ova were developed. Some of the plant-like *marine* polypi, ascribed to the destructive influence of the various medium which they inhabit, are provided, with a-horny case, as a means of protection. The presence of this case prevents their complete fission, and the newly developed buds occupy an uniform position upon the branches of the animal, like leaves upon a tree. Besides this mode of propagation, cup-shaped bodies are produced in certain situations, as in the axills of the branches, in which ova are developed, which, upon arriving at perfection, are enabled to escape into the surrounding medium, by the falling off of the operculum of the capsule. These ova are gemmules of an oval or pyriform shape, are covered for about three-fourths of their extent with vibratile cilia, by which they are enabled to move from place to place; and, finally, they attach themselves by the unciliated portion of their surface.

In the second group of polypi, the anthozoa transverse fissiparous generation occurs sometimes, but very rarely. In the actinia, between the stomach and the integument, are oblong cells, in which ova, possessing all the essential constituents of those of higher animals, the *thorion*, the vitellus, the germinal vesicle, and germinal vesicle, are developed; lower down are situated spiral tubes, which contain spermatozoa, and provide the impregnating fluids. Besides these two methods of propagation, they also increase by the development of buds—gemmation.

The third group of polypi, the bryozoa, or cilibrachiata, possess a high degree of organization, a complicated intestinal canal, an anal opening, and cilia disposed in rows upon the arms. Reproduction by gemmation occurs throughout the entire group. In the flustræ, as well as in several other genera, the ova are quite distinct; and Dr. Farre has observed spermazoïc cercariæ in almost every part of the interior of the body; therefore gemmation and the existence of male and female organs of generation are shown to exist throughout the whole of the polypi, and in some few, fissiparous reproduction also occurs.

LECTURE V.

Besides the forms of generation already spoken of in the preceding lectures, some authors admit another kind, which they call *gemmuliparous*; they suppose the granules which are produced within the cavities of the polypi to be portions of the flesh of the animal, developed and separated from the internal membrane, and afterwards covered with cilia. There exists, however, no proof of this separation; and the researches of Wagner and Farre tend to disprove such supposition; the former physiologist has examined the ova at a very early period, and has found them enclosed in distinct vesicles, and to contain all the essential parts of the ova of higher animals, viz., the vitellus, germinal vesicle, and germinal spot.

We next proceed to the Infusoria, the third Ordo, beginning with the Rotifera (the wheel animals), in which are contained the rotifera of Linnæus, and the hydrostatic genera of the Cuvierian order. Our knowledge of the modes of generation in this order are very restricted, and investigations alone have been fully investigated, viz., in the Melitæa; in the *Physalia* the reproductive organs are contained in the midst of the numerous tentacula which depend from the under part, and also in the beautiful little *Velella*, with its gaily-tinted, raised upon an oval disk, these organs are found among the tentacula, which hang from the inferior surface of the disk; they resemble tentacula in their form, and have been observed sometimes to contain a whitish, opake fluid, and sometimes ova. The nature of the reproductive organs in the medusæ is now well known; in the *Rhizostoma*, one of the commonest species, four distinct openings will be seen upon the under surface of the disk of the animal, and near the base of the tentacula. These openings lead into four generative vessels, guarded by a valve, and separated from the digestive cavity by a thin membranous lining, the vessels hitherto been described, by comparative anatomists, as respiratory cavities; the generative vessels may be easily seen through the transparent gelatinous jelly-like structure of the disk. Ehrenberg has remarked upon the great variety of their disposition in different species; the soldiers are placed at considerable distances from each other, and in their development until they become continuous, the entrance of these sacs is provided with numerous simple tentacles, upon which vibratile cilia are placed, which keep up a constant current of fresh water through the cavity; within the entrance examined in the spring, is a ribbon-like membrane, which increases in size during the summer, and becomes disposed so as to present a surface of very considerable extent. The researches of Eschricht, Rudolphi, Wagner, and Siebold, into the nature of these organs, has led to the discovery, that the females are dioecious; that within this placed membrane, in the males, are produced spermatozoa, and in the females true ova of a violet colour; the sperma

tozoa are disposed within the membrane in a very remarkable manner; they are collected, lying parallel with each other, into small conical masses, each enclosed in a pyriform sac, the apex of the cone being formed by the terminations of their tails, and connected to the surface of the membrane. The mode of propagation in the Medusæ must be the same as in bivalve mollusca and fishes; the generative fluid, with these spermatozoa, must be dispersed in the neighbourhood of the females, so as to impregnate the ova. Gader observed, that during the breeding season, the generative sacs were emptied of their ova, but that there existed numerous small marsupial bags of a pyriform shape appended to the fringes of the tantacula. These marsupia contain from four to six or eight ova in different degrees of development, and are closed on all sides, so that when perfected, they escape into the surrounding medium by means of the rupture of the sac. In this curious disposition we are reminded of the peculiar mode of generation of the marsupial mammalia, and the transition of the ova from the generative sacs to these small marsupial bags is equally mysterious with the passage of the embryo from the uterus of the kangaroo into the marsupial pouch. During this remarkable transit it is known that the ova lose all trace of the germinal sac and spot; they become granular in their contents and change their colour from violet to yellow; spermatozoa are expelled from the plicated membrane of the generative sac in the form of a lengthened thread, the base of each pyriform sac being attached to the apex of the next.

Development of the Ova of Medusæ.—It is a question whether the ovum is at first provided with an external membrane or chorion; it is probable, from a consideration of the changes which it subsequently undergoes, that such is not the case, but that this membrane becomes developed at a later period. In the first instance, Wagner has observed, that the ovum becomes slightly lengthened, and indented at a point which is constant, on one side; this indentation gradually becomes a cleft, which divides the ovum into two equal halves; other fissures are then formed, which subdivide the ovum at first into four portions, then into numerous smaller parts, and, eventually, into a great number of minute granules; the vitelline granules next assume a radiated form, leaving an unoccupied space in the centre, and at the same time an external epithelium, furnished with cilia, is produced, and the ovum commences a rotatory movement. The next change that occurs, is an alteration in colour from violet to yellow, the assumption of an elongated oval shape, and the formation of a slight oral depression at their great extremity. It is in this state that they quit the marsupium, and here we are forcibly reminded of the form and condition of the lower infusoria; in a short time a circular ring begins to be seen around the oval extremity, and short processes, furnished with cilia, are produced from the ring, giving to this stage of the development a close resemblance to the rotiferous infusory. In the next place, the processes developed around the mouth become elongated into eight tentacula, provided with cilia; the mouth communicates with the internal intestinal canal, and the entire embryo has taken on the characters of a polypus, feeding on infusory animalcules and minute forms of its own species. In this state it is probable that the young medusæ sink to the bottom of the sea in shallow situations, and bury themselves in the mud and sand during the winter season, and either continue their growth there, or rise in the spring to complete their adult form. Siebold kept some of these embryos through the winter, but failed in procuring their complete development, a circumstance which cannot be wondered at, when it is recollected that the tadpole is unable to assume its perfect condition in captivity.

In one genus of Acalepha, fixed gemmation takes place, the newly-formed gemmæ assuming the perfect form of the parent, but remaining connected with her and with each other.

ECHINODERMATA.—The echinodermata are completely dioecious, possessing distinct male and female organs, and losing altogether the power of non-sexual reproduction by fission and generation. In the *Asterias*, a ramified digestive sac, with two ramified generative organs, are contained in each ray, and open by two distinct foramina at its base; in the generative sacs of some individuals a whitish granular substance is found in the spring, and spermatozoa in the summer and autumn; in others, ova are discovered in great numbers in the breeding season; in the *Encrinus* and *Comatula*, the generative sacs are more subdivided, and present a lower condition; they are situated in the radiating arms; in the *Echini*, the generative organs are attached to that portion of the internal surface of the shell which is opposite to the mouth; in the echinus esculentus, five lobulated sacs are placed around the anus, which are either ovaries or testes, according to the sex of the individual; they open upon the exterior by means of pores in the shell in this situation; these pores are distinctly seen in the fossil species. If we were to suppose the shell of the echinus to be softened, and the animal drawn out into a vermiform figure, we should then have the organisation of the worm-like *Holothuria*; in this genus the generative organ is a single system of ramified tubes, opening near the mouth of the creature; the remarkable cœcal pouch connected with this apparatus, and which has hitherto been considered a rudimentary testis, has been proved, by the recent careful observation of Rudolph Wagner, to contain no vestige of spermatozoa at any period. It is probably intended to add some substance to the ovum previously to its expulsion; in the *Sipunculus* there are two organs, which are neither ramified nor divided, and are, therefore, simpler than the ramified organ of the holothuria; it is probably dioecious, but new observations are required to ascertain whether, in some individuals, they may contain spermatozoa. At this very early stage of our inquiry into the condition of the generative organs in the lower animals, we cannot but feel some degree of astonishment in discovering distinct sexes, organs of generation as complete as are to be found in many of the higher classes, and that remarkable process in the medusæ which assimilates them in their mode of reproduction with the marsupial mammifera.

SPIRIT OF THE MEDICAL PRESS.

Case of Liver Abscess bursting spontaneously into the Colon and the Thorax, terminating favourably. By D. Stewart, M.D., Surgeon to the General Hospital, Calcutta.

THE subject, a near relative of my own, was happily the patient of Dr T. R. Colledge, of China, by whom the case is detailed. Although it was drawn up in haste, and meant only for my own eye, I feel unwilling to withhold from others the instruction and satisfaction which I have myself derived from its perusal, or from the writer the well-deserved tribute of respect which his professional skill and character entitle him to from his brethren in India.

In reviewing the case, the reader will agree with me, that the patient has owed his life to the nice yet prompt discrimination which led Dr. Colledge to conclude at once that suppuration had taken place before his arrival at Macao, and his resolution, therefore, to abstain from what is called *active* treatment. There can be no doubt that one general bleeding after that time, or one drastic purgative, or indeed any purgative that would have excited much peristaltic action, would have prevented the completion of those adhesions to which the patient's safety is owing. The prudence of the repeated and well-measured application of leeches to relieve the pain, and moderate the arterial action, is beautifully illustrated. The surface of the liver had doubtless formed extensive adhesions to all the surrounding parts, and the relief obtained by their repeated application, as it were, to the inflamed organ, is readily accounted for. In the absence of adhesions, leeches seldom give relief, while blisters always do; and on the other hand, blisters in the former case often aggravate the mischief they are meant to subdue, as effectually as they do when applied to the shaved scalp of children affected with cerebral inflammation—the able observation of Dr. Clarke, of Dublin.

I have not discovered in the annals of medicine any exactly similar case, and indeed never heard of two abscesses bursting, one up and one down, and ending in so short a recovery, but once. At Berhampore, Dr W. O'Shaugnessey opened the body of a soldier of H. M. 16th regiment, three years ago, who died of phthisis. He found adhesion, by cicatrix, evidently caused by old abscess to the diaphragm and lungs, and another to the colon. He was not able to obtain the history of the case previously, and had never suspected liver disease; in fact, there was none at the time of this last illness.

Case of Mr. J. C. S.—He was seized on the 6th of August, in Canton, with inflammatory symptoms, for which he was leeched on the 10th or 12th, and bled from the arm on the 14th or 15th, and had this treatment afterwards followed up by a succession of leeching and blistering, and the administration of calomel every night, until the severity of the symptoms gave way. The disease was so far got under before his leaving Canton, that he was considered out of danger by his medical attendants, and was recommended by them to go to Macao for the benefit of a purer atmosphere, where he arrived on the 1st of September, labouring under a relapse of all his former symptoms, but of an aggravated and more strongly marked character. He complained of much acute tenderness over the whole region of the liver, so much so, as to be scarcely able to bear any degree of pressure of the hand upon any part of it. An attempt even to take a deep inspiration caused very severe pain in the right side. His respiration was short, quick, and attended with cough—tongue coated—mouth parched—sharp and quick pulse—anxiety of countenance and general prostration—symptoms clearly indicating that the inflammatory process had exceeded the *bounds* which admit of a termination of active disease by resolution.

The application of leeches to the seat of pain, which was had recourse to repeatedly, and carried as far each time as his reduced state would admit of, afforded oly temporary relief. His bowels were carefully attended to, and kept open by means of emollient injections, with occasional small doses of calomel and rhubarb, and castor-oil. Counter-irritation, by means of blisters and the tartar emetic ointment, was kept up—the nitro-muriatic bath was tried and persevered in for some time—notwithstanding all which no decided benefit was produced.

The above treatment was pursued until the 13th, when a sudden change for the better in the character of the symptoms took place. He felt himself all at once relieved, and was sensible of something having given way within him. On examining his motions next day, a very considerable quantity of purulent matter was discerned in them, and in those he passed for several days after, which sufficiently warranted the opinion that had been held of an abscess having formed in the liver. For ten or twelve days after this he improved considerably, when another return of the symptoms took place. The same remedies were employed as before, together with anodyne fomentations, with the same want of success; he got daily worse, and serious apprehensions were entertained regarding his recovery, when on the 4th of October, he experienced another sudden change for the better. But this abscess being situated higher in the organ than the former one, burst into the thorax instead of the colon, and the matter was discharged by expectoration. Ever since he has continued to get better, and nothing further was required than a careful attention to the state of the bowels, keeping them open by mild aperients and emollient injections, improving the strength generally by demulcent tonics and a strictly regulated diet, and allaying nervous irritability, and procuring sleep by means of night-draughts containing the acetate of morphia.

A few days ago he felt some uneasiness in the right side—the cupping-glasses were had recourse to, but as he could not endure them, leeches were applied in their stead, and with a very good effect; he is now recovering rapidly.—*Macao, 22d Nov. 1836.*

Shortly after this, Mr. S. sailed for England, convalescent; and, in a letter, dated February 7th, 1837, St. Helena, written in good spirits, he states,

"he was gaining strength and flesh, and enjoyed the cool weather at sea amazingly.—*Trans. of Med. and Phys. Society of Calcutta.*

CASES OF HEMORRHAGE AFTER OPERATION.

By FRASER THOMSON, M.D., Surgeon to the Perth Infirmary.

CASE I.—*Amputation at the shoulder joint—hemorrhage—recovery.*—George Marshall, aged 34, a discharged soldier, admitted July 8, 1840, for disease of the right humerus, near to the deltoid muscle, which has divided the bone, and communicates externally by a large ulceration, discharging an unhealthy matter. The year previous, he was admitted into the house for a malignant disease of the left testicle, which was removed. After consultation, it was determined to remove the arm at the shoulder joint, as there was not sufficient space otherwise to form a good stump. The operation was accordingly performed the next day; five arteries required the ligature; and the stump was dressed in the evening, after all oozing of blood had ceased. For the next two days he did very well; but on the beginning of the third, the stump became suddenly greatly distended, threatening to burst, and arterial blood flowing from the inferior angle. Pressure was immediately made on the subclavian artery with the finger, and maintained for some time, whilst broad straps of adhesive plaster were applied to the stump to give it support, and the parts kept diligently wet with a frigorific mixture. These means were happily sufficient, and the patient was dismissed cured on the 10th of October following.

CASE II.—*Fistula in ano—operation—hemorrhage—actual cautery—recovery.*—John Grant, weaver, aged 30, admitted 14th Feb. 1840, for a fistula in ano of seven years' standing. On examination, three sinuses were found, having one common opening at the right side of the anus—one passing backwards, another forwards, and the third upwards, parallel with the gut, but not communicating with it—each about two-and-a-half inches in extent. The two first were laid open a few days after admission, and the third was cut in the usual manner after they had healed. Its walls were found exceedingly hard, almost cartilaginous, having been twice operated on before. The bistoury broke in consequence, but another being at hand, the operation was quickly finished. Little blood was lost, the parts being dressed with oiled lint; the patient was put to bed, and three hours after I was called to see him, as he was bleeding profusely. On my arrival at the hospital, I found he had lost about 2lbs. of blood; and the house-surgeon had attempted to arrest the hemorrhage, both by pressure and styptics, but in vain. A speculum was immediately introduced into the rectum, when the blood was seen flowing freely from numerous orifices. All attempts to apply a ligature having failed, the actual cautery was prepared. A bent copper spatula was introduced to protect that part of the gut not covered by the speculum; the fistula was thus the only part exposed. Every bleeding point was then touched by a heated iron wire, about a quarter of an inch in diameter, and not until this was several times repeated did the blood cease to flow. The patient, as might be expected, was a good deal exhausted, but, nevertheless, made an excellent recovery, and was dismissed cured in the end of April.

CASE III.—*Disease of the knee-joint—amputation—hemorrhage—ligature of the femoral twice—recurrence of the hemorrhage—ligature of external iliac—recovery.*—Thomas [illegible], labourer, aged 46, admitted January 17, [illegible]h a disease of the left knee of two years' standing. Motion of the joint nearly destroyed—has little pain—neither fluctuation nor crepitus—a good deal of enlargement. Constitution appears sound, and general health pretty good. For several months after admission, the treatment was directed to procure anchylosis, but failed. On the 15th of May, the limb began to swell above the knee—fluctuation became distinct, and an opening was made, which gave exit to about 8 ozs. of thin curdy matter. The discharge daily continuing with little diminution, average about 6 ozs., his health began to suffer in consequence—the appetite failed—skin hot—face flushed—pulse quick; in short, it was evident that, unless the limb was removed, he would sink in a very short time. Amputation was accordingly performed on the 24th of May, by the double flap operation—ten vessels required ligature, and a vein near to the bone continuing to bleed very profusely, it became absolutely necessary to tie it also. A large quantity of blood was lost. The patient was in consequence exceedingly faint, but rallied after the administration of stimulants. The stump was dressed in the evening. The progress of the case for the next ten days was very satisfactory, notwithstanding a slight oozing of arterial blood, which was easily arrested by cold and pressure. On the 12th day after operation, all the ligatures had come off, the femoral being the last. On the following day arterial hemorrhage occurred with great violence, distending the stump and soaking the dressings. The tourniquet was applied to the femoral artery for a few minutes till the vessel was tied. The ligature was passed round it rather less than an inch below Poupart's ligament, in order to be above the origin of the profunda. The bleeding ceased, and cold cloths were applied. The next day, however, early in the morning, it again returned as profusely as ever. The lips of the wound were opened, and the artery secured *immediately below* Poupart's ligament, with very little disturbance to the surrounding parts: the hemorrhage again ceased, and the cold cloths were continued.

At this time the depression and mental anxiety were very great. Pulse 160, small and feeble—face pale, covered with a cold sweat—intense thirst—could only speak in whispers. Stimulants were given every two or three minutes in small quantities. At midday he was considerably better, and in the evening his voice had returned, and he was comparatively cheerful. For the next five days he gained greatly in strength, and hopes were entertained that all danger was past. On the morning of the 5th day, however, hemorrhage occurred for the third time. On this occasion the blood flowed from the femoral artery, where it was last tied. The patient himself was the first to detect it, and stopped any further loss of blood, by applying his finger over the vessel, only a few ounces escaped. On going to the hospital, I was fortunate in getting the valuable assistance and advice of my friend Dr. Malcom. After examination, it was evident that the iliac artery must be tied, with what chance of success was by no means certain, from the great tendency to arterial ulceration. The operation was begun after the method of Sir Astley Cooper—the skin being cut through, and the edges of the abdominal muscles raised. Neither the peritoneum nor the artery could be found. After a careful dissection through fatty matter and enlarged glands, the vessel was felt, considerably nearer to the pubis than naturally, beating very feebly, and much altered in appearance. An unarmed tenaculum, guided by the forefinger of the left-hand, was attempted to be passed under it, but, notwithstanding the greatest care, it gave way. The wound was instantly filled with blood, the further escape of which was prevented by the forefinger of the left-hand instantly compressing the vessel against the bone. The situation of the patient appeared now to be almost hopeless. It was agreed, after a short consultation, to attempt a ligature still higher up. To enable me to disengage my left-hand, Mr. Fraw, one of the dispensary surgeons, slipt his hand over mine, and compressed the artery. I then extended the cutaneous incision, upwards and outwards, for about two and a half inches. The fibres of the external oblique being separated, the internal oblique, transversalis, and fascia, being cut through to the extent of the cutaneous incision, the peritoneum was carefully detached from its cellular connexions. At this stage of the operation, the difficulty that occurred in finding the artery in the first instance was fully explained. (A tumour of about the size of a small orange, rather flat, occupied the situation of the iliac artery just as it passes out of the abdomen, pushing the vessel to the pubic side, and by its pressure injuring its coats, whilst at the same time the peritoneum was thrown upwards.) The artery was now easily separated from the vein, and, as it appeared to be quite healthy, a ligature was passed under it about an inch below the origin of the internal, and tied with a single knot. The end of the ligature was brought out at the wound, which was closed by one or two points of suture. This last operation was fortunately successful in this nearly hopeless case, and from this time the patient never had an unfavourable symptom. The abdomen, being tender on pressure, was fomented with decoction of poppies, and a few leeches were required once or twice for slight pain near to the wound. The ligature of the iliac came off on the 18th day after operation, and the patient was dismissed cured on the 31st of July, two months and four days after amputation of the limb.

These cases present several points of considerable interest. In the first, a formidable hemorrhage was arrested by the simple means described. Had these not proved successful, a ligature on the subclavian artery would have been necessary. The principle of cure is very evident. The effused blood in the stump becoming coagulated, acted as a plug, and prevented any further hemorrhage.

In the second case, we have the unusual occurrence of profuse bleeding after the operation for fistula in ano. In similar cases, pressure and styptics generally suffice to arrest the flow of blood; and although a ligature in these circumstances is generally inapplicable, an attempt was made to tie two of the bleeding vessels, which appeared to be large enough, but without success. The actual cautery was then applied, which proved sufficient. A small iron was preferred in this case, as a large one might have produced sloughing to a dangerous extent. Had the cautery not proved sufficient, it would have become necessary, in consequence of the uncertain origin of the hemorrhoidal vessels, to tie the common iliac artery—an operation of doubtful success.

The third case is one happily of very uncommon occurrence. Besides the unusual number of ten arteries which required ligature, it was absolutely necessary to tie a vein also, as pressure could not be efficiently applied. The propriety of such a proceeding is denied by many; but the operating theatre of a public hospital, and when the life of a fellow-creature is in danger, is neither the place nor time for indulging in theoretical speculations. The first hemorrhage that occurred in this case evidently proceeded from the branches of the femoral artery, as it ceased when that vessel

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was tied. The recurrence of the bleeding next day proceeded from the branches of the profunda, which had its origin much higher up than usual, and was arrested after the main trunk was secured higher up. The occurrence of the hemorrhage a third time appeared to indicate a diseased condition of the whole arterial system, and gave little hopes of ultimate recovery. This opinion was strengthened by the rupture of the external iliac artery, in attempting to tie it in the first instance; and it was only the determination to leave nothing whatever undone that could afford the least chance of success, that enabled us to find a healthy portion of artery, and to discover that the diseased condition of the vessels was local, and not general. The most unusual circumstance in this case, and which occasioned considerable embarrassment, was the tumour in the abdomen, the existence of which was never suspected, as the patient never complained of either pain or uneasiness in that region, and its bulk not being sufficient to strike the eye. The condition of the patient after the last loss of blood was peculiarly alarming, and strikingly characteristic of excessive depletion.

CASE OF CHRONIC HYPOGASTRIC ABSCESS, CAUSING FATAL PERITONITIS.

By JAMES MILLER, Esq., F.R.C.S.E., one of the Surgeons of the Royal Infirmary, Lecturer on Surgery, &c.

M. S., nearly fourteen years of age, active, and seldom complaining, but of a sallow complexion, and an appearance bordering on the cachectic, was suddenly seized with violent abdominal pain, on the morning of the 10th of January last. For some time previously she had occasionally spoken of "stitches in her side;" and on the evening before, she had seemed to suffer some pain in the lower part of the belly; it soon passed off, however, and on the morning of the tenth, previous to the attack, she was actively engaged in the wonted arrangement of household affairs. I saw her, along with Dr. Malcolm, and found all the symptoms of intense peritonitis. A dozen and a half of leeches were instantly applied to the abdomen, and after the copious bleeding which followed had begun to tell upon the system, calomel and opium were commenced with, and repeated every hour, in the usual way. The amendment was rapid and satisfactory. Next day the calomel and opium were continued; and a relapse having been threatened, a dozen of the leeches were re-applied. By the use of simple purgatives an immense quantity of feculent matter was evacuated from the bowels —hard, fetid, and dark coloured. After this unloading of the bowels, she expressed herself much relieved; and convalescence now advanced very hopefully. On the 13th, appetite returned, her bed was changed, and she begged to be allowed some nourishing food. With this request it was not deemed prudent to comply; but next day she had some calf-foot jelly; and on the 16th—so complete appeared the subjugation of the disease—she ate some beef-tea for dinner with relish, and apparently with impunity.

About six o'clock in the evening of the 16th, she was lying in bed, happy, comfortable, and cheerful, talking of being soon up again, and expressing much thankfulness on account of so complete relief from excruciating agony. But when in the act of changing her posture, pain suddenly returned,—if possible, more violent than before,—and with renewal of all the former peritonitis symptoms increased in violence. Collapse was soon established; and, within eleven hours, an end was put to fearful suffering, borne with wonderful fortitude.

This second attack was of so marked a character, that I had little doubt the case was one of "perforating ulcer" of the bowel (unfortunately by no means uncommon in girls about that age); and that the rapidly fatal peritonitis was the result of fæcal effusion, following the giving way of the peritoneal coat. There had been a giving way, but not of the coats of the bowel.

On opening the abdominal cavity, it was found to contain about two pounds of seropurulent fluid; the peritoneum was universally coated with thin lymph, by which the folds of bowel slightly cohered; the omentum, and many parts of the larger intestines, were besides injected, soft, and friable; in fact, there was every indication of acute general peritonitis. I was looking carefully amongst the smaller intestines, for perforation to account for this, but discovered none. In the search, I found the marks of inflammation to increase as I approached the hypogastrium; and in pulling asunder two folds of large bowel at the upper part of the pelvic cavity, my hand suddenly plunged into an abscess full of pus, and coated with thick organized lymph, bounded by the rectum, uterus, badder, and superiorly by the intimately coherent folds of great gut which I had been endeavouring to separate. The rectum was greatly thickened in all its coats, more particularly the peritoneal. The other pelvic viscera seemed healthy, except in their investing membrane, which, as already stated, was thickly coated with lymph, evidently of old standing. This was the origo mali. I had, and have no doubt, that by this abscess having partially given way, the first attack of peritonitis was induced on the 10th. By active treatment it was subdued; and Nature was afforded time for closing, in her own admirable way, the breach in the walls of the cavity. Ere this repair however had been consolidated, a sudden turning again broke it open; and a fresh effusion of the purulent matter, inducing renewal of the peritonitis, proved fatal to the system whose powers the former attack had so seriously impaired. I am not prepared to say how long the abscess had been formed previously to the peritonitic attack, the symptoms in this respect being so very obscure.

The patient, naturally of a costive habit, had been accustomed to let several successive days elapse, without having any motion of the bowels —a fact sufficiently corroborated by the great accumulation which was cleared away in the course of the treatment.

On considering the foregoing details, one is naturally led to the following reflections.

I. The most serious abdominal mischief may be surely advancing, without betraying any marked symptom which may lead either friend or physician to suspect its existence. "Stitches," occasional and passing, were complained of, but nothing more; and these were naturally thought lightly of by the friends, on the supposition that they were merely the precursors of a change of life, expected about that period.

II. Here is one case, among thousands, of the baneful results of neglected bowels. From witnessing the thickened and diseased state of the rectal coats, in this instance, I have no doubt the hypogastric abscess took its origin from long continued irritation in that bowel; that habitual lodgment of hardened fæces induced a slow inflammatory action in its coats, ultimately extending to the peritoneal; and that thence the other mischief became insidiously established in the pelvic peritoneal cavity. At that particular age, too, there was probably a predisposition to hypogastric plathora. Parents cannot be too often warned of the danger incurred by allowing their children (more particularly girls) to break off their intimacy with the water-closet; for notwithstanding the many serious lessons which experience is constantly teaching them, there is still much culpable apathy and neglect on this subject. Let diet and exercise be looked to, as well as railroad schemes of education, but it is a short-sighted policy to sacrifice everything to knowledge and accomplishment; let the body be cultivated as well as the mind, throughout the whole period of adolescence; and if constipation will not yield to diet and regimen, rather let people patronise quack pills in moderation, provided they are simply and safely purgative, than incur the risk of much more serious evils.

III. The truth of the saying, that, in inflammatory affections of the abdomen, the best means of opening the bowels is by the lancet or leech, was well illustrated. Previously to the bleeding, purgatives and injections had been given and repeated in vain; but after it, comparatively gentle means obtained ready and free action of the bowels.

IV. Dr. Christison's statement regarding the efficacy of opium in controlling inflammation even of the most violent character, was corroborated. Considering the state of matters which dissection disclosed, it is surprising that the first attack of peritonitis should have been checked at all. So far as we can judge from appearances and symptoms, it was completely recovered from; and next to the bleeding, opium with calomel was the agent of cure.

CORRESPONDENE.

MEDICAL APPRENTICESHIP SYSTEM.

To the Editor of the 'Medical Times.'

SIR,—Medical Education, as well as Medical Reform, seems to occupy the attention of the profession just now, and the apprenticeship system, like everything else, has its supporters and opponents. Medical education is generally supposed to commence when a student enters himself at a hospital, or to a course of lectures on medicine or surgery; but in my opinion, the medical, or perhaps what would be a more proper term, the *preparatory* medical, education begins when the youth is apprenticed; he then enters on the duties and studies which are to fit him to become a member of the medical profession, as well as being initiated into the mysteries of the healing art. To the apprenticeship of five years (required by the Act of 1815) there are many objections raised, but for what reason I am at a loss to conjecture, for in reality it is only three or four, as the last year or two is recognised at the Hall as being occupied in attending the lectures specified. I am not bigotted as to the number of years, but I do hope, in whatever change we are to have, this wholesome regulation will be retained. The wards of a hospital nor the lecture-room is not the fittest place for a youth just taken from school to acquire habits of industry or morality; at the age lads are usually apprenticed they are hardly capable of catering for themselves; they have not yet any fixed principles, nor have they attained those habits of study which are absolutely necessary to be possessed by one starting in pursuit of the science of medicine and surgery; some controlling or *protecting* power is still required and necessary to direct the youth in his pursuits. What could a parent do better with his son who wished to enter the medical profession, and who, we presume, at the age of sixteen had acquired a sufficient stock of classical and other learning, than to place him in the dispensary of a respectable general practitioner, where he would have to perform the duties of compounding and dispensing medicines for the sick, and he would see and practise all the minor operations in surgery; besides, if studious, he would apply himself to the study of anatomy, materia medica, chemistry, botany, practice of medicine, &c. He might also gain the elements of practical knowledge, and cultivate the

habit of practical observation, as most general practitioners allow their pupils to visit and attend to their pauper patients; he would in this way become well acquainted with the properties and effects of the various medical agents usually employed. With the advantages attending on such a practice, and provided he has been attentive and persevering during the period of his apprenticeship, I would much rather trust him with the care of a medical case than I would a gentleman just returned from one of our universities with an M.D. attached to his name, whose knowledge at that time, with respect to practice, is little more than the names of diseases and medicines. I am, therefore, decidedly in favour of the continuance of that clause relative to the term of apprenticeship. If the period were less than five years we should have a greater number enter the profession than we now have, and that, I think, would not be considered advisable.—If, Sir, you have nothing more interesting for your next week's *Medical Times* than this article, you will oblige me by inserting it.—I am, Sir, your's &c.,

ARGUS.

Bath, May 19, 1841.

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 15th May, 1841:—

Epidemic, endemic, and contagious diseases	128
Diseases of the brain, nerves, and senses	141
Diseases of the lungs, and other organs of respiration	236
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	57
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	6
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	87
Old age, or natural decay	64
Violent deaths	15
Causes not specified	0
Deaths from all causes	761

TO CORRESPONDENTS.

ANOTHER COUNTER-DRUGGIST-SURGEON.—*A Cheltenham Correspondent inquires whether Mr. Mosley, a flourishing general practitioner at Cheltenham, was not several years a plain druggist! in the firm of Keating and Morley, in the City; then a druggist (!) at Cheltenham, in the firm of Beaun and Co., once the Cheltenham branch of Paytherus, Savory, and Moore, New Bond-street; then an apothecary (!!)—but not of the Hall; then an oculist (!!) "par excellence intrinsèque"—then, a surgeon (!!!) by private favor and slight examination at Lincoln's Inn Fields?—did he not offer himself as Medical Officer some years ago to the Committee of the Cheltenham Dispensary and Casualty Ward? and did they not return for answer, that "he never would be called upon by them for his services!"*—INTERROGATOR.

T. W.—*Inadmissible. We decline all advertisements that have the slightest taint of quackery, and should be glad to see all the public press follow our example.*

A. S., Philo, *and several others, are postponed for a week.*

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THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. VII.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

AT one of the late Reform Meetings in London, some one spoke of Dr. Kidd as having originated this proposition. But HE did *not* originate it. The proposal to suspend the control of the London College of Physicians, and the other British Medical and Surgical Corporations, was broached more than thirty-four years ago, by Dr. Hardy of Dublin, in his judicious, comprehensive, and discriminating view of Medical Reform. Dr. Hardy's work was published in 1807, four years after the re-organization of the Medical Profession in France in 1803, and before the further improvements of the same in 1810. This writer on Reform nowhere alluded to the French system, but he sketched forth a number of general principles, and proposed a number of detailed organic changes, all imperfect, some wise, some objectionable, but the whole deserving of attention. Though France was not alluded to, Dr. Hardy's was the forerunning outline and shadow of the French system, the success of which is the best indication of Dr. Hardy's opinions in opposition to the Corporators and Anti-Reformers of this day. Beddoes, who followed afterwards in 1810, first compared the new French system of 1803 with our own, as we have done. Dr. Hardy's work was left to us by Dr. Crenser,* first a hospital-surgeon of Bath, then a physician at Cheltenham, at his death, about 1826, after he had been to Ireland with his lady, the ci-devant Hon. Mrs. Rochford, Lord Belvidere's sister. He had contemplated writing on Medical Reform in 1825, particularly as relating to Ireland, in which, as brother-in-law of Mr. Smith, then, we believe, M.P. for Westmeath, and as a friend of the Irish Profession of Medicine and Surgery and a public man, he took a great interest. Dr. Hardy's letters were highly commended by the Edinburgh Medical and Surgical Journal, and other organs of criticism in his day; he has been noticed since in the classical and brilliant communications of EXPERIENCE to the Times, and we have some impression that he is stated to have been influenced to a change of sentiments by the Irish Anti-Reformers. Uniformity and equalization of government, distinct from Corporations, and conversion of Colleges into Scientific and Literary Societies, were his leading principles, which are no longer theoretic or speculative, but acted on in reality throughout Europe, as in France, except in the United Kingdoms, and found to work better than the corporate system. We mention these things, because we wish to "render to Cæsar that which is Cæsar's."

Fourteen years ago, that is, in 1827, in a New Edition of Percival's Medical Ethics, we adopted the same opinions, and made ourselves the same proposal to the body of Reformers, as Dr. Hardy before, and Dr. Kidd since, that they should supersede the control of the London and other Corporations over the modes of Examinations, Licences, and Degrees, and vest these powers in the profession at large, under the REPRESENTATIVE PRINCIPLE. The same proposition comes *now*, a third time, with superior weight and authority from Dr. Kidd, in consequence of his former sentiments being supposed to be different, and his position as a Reformer in the most aristocratic, oligarchical, and exclusive university in this kingdom. Nor is his proposition to dispose the London College of Physicians *de facto*, but here at present himself in London, a deputy and delegate of the Associations, to give to his principles the weight of his voice and personal influence.

It is a good sign of the times when we see such men as the Regius Professor at Oxford turn away from their former errors and prejudices, and recommend that which is lawful and right to correct a vitiated and depraved state of the medical polity. He has taken a bold course; he deprecates the distinctions without a difference between Fellows and Licentiates; he declares with us against the Pures, and calls for unity in education and degree, two of the *sine qua nons* of Reform.

Not only Dr. Hardy, ourselves, and Dr. Kidd, at different times, contended for the indispensable modification and amendment of the present Colleges of Physicians and Surgeons, but we have the examples of the French, who abolished their Colleges and Corporations in 1793; and we have in the constitution of the Royal College of Physicians, Edinburgh, another and salient example of the manner in which these Corporations may be disposed of, if expedient, to suit them to the present or two; and as the Sketch of the Edinburgh College is short, and to the present purpose, we shall give it now, and at once

* All his posthumous Papers were left to us, but the contents are not yet published.

We must say, previously, we see no strong reason whatever to depart from the language we committed to print in this question, as we have already explained, 12 *years ago*; on the contrary, after all those years and much reflection, we see greater reason than ever for our and our fellow-Reformers adhering more staunchly and consistently together, in the same principle of corporate remodification that we propagated in 1827, in our younger and less mature years. These are our sentiments as they then appeared in print, and by them we hold with iron grasp still, for burnt children dread the fire. "The old corporations should have for their sole objects and superintendence to encourage science, form museums and libraries, and inquire into the legal qualifications of persons professing the practice of medicine." "The graduates of respectable public or private schools, so examined, should be required to enter the old colleges for the purpose of their support, prove their degrees, and pay the regular fees of learned societies. In admitting other graduates than those of the English Universities, the reformed London College ought to be enabled to fix such terms as would protect the interests of its proper members, on the foundations of Oxford, Cambridge, and Trinity College, Dublin, and give strangers no undue advantage over them, so long as the two former ecclesiastical bodies remain schools of medicine. The conditions might fairly require the expiration of a certain term of years, and a higher fee than from the graduates of English Universities, and certain proofs of high moral feeling and respectable conduct in practice, upon regard for which is much needed to elevate the profession from its present degradation. We have no doubt that the College of Physicians must and will be proceeded with, sooner or later, somewhat in this manner. It must be punished for its sins of omission and commission, which are manifold. The only plausible pretenses for the perpetuation of its present functions are, the old story of "the sacredness of vested rights," and its right of antiquity as an old and "venerable" institution to defy time, change, and disparity of circumstances; but neither the ARGUMENTUM AD VERACUNDIAM et ad ANTIQUITATEM, nor the common sentiments of reverence and antiquity, will weigh against the ARGUMENTUM AD JUDICIUM, and the ARGUMENTUM AD HOMINEM; that is, arguments addressed to men of ordinary judgment, or to the men of the same way of thinking in particular. Reasoners from antiquity and veneration should remember this insuperable *dictum*, that "the RIGHTS of the PROFESSION at LARGE are GREATER than those of A BRANCH of its MEMBERS, and that the profession is the *only legitimate* source of POWER, of which Professor Macartney very aptly reminded Dr. Coggan, after his *tirade*, as a gilder of pattern posts b "The College of Physicians in Edinburgh, which is the oldest example as well as the most judiciously and equitably constituted of the whole THREE colleges, conscious of the absurdity of *re*-examination, admits to fellowship all graduates of English and Irish universities, as well as the graduates of Edinburgh, after simple inquiry into the previous qualifications of the candidate, and the reality and validity of his previous medical degree. This highly respectable body assimilates to learned societies, and is the model by which the other two colleges of London and Dublin ought to be reformed."—[*Written for the Press, but not published, in 1830, by the Editor.*]

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXIII.—HOW SWUBS AND OKES MET AN OLD ACQUAINTANCE.

It would not be necessary for me to do more than allude to the Hotel Corneille, Rue de Corneille, Place de L'Odeon, were I not conscious that a great portion of my readers are still unacquainted with Paris and its localities, for there is not an hotel better known all over that city to the real inhabitant, than the establishment in question. It is situated on the eastern side of the *place* that surrounds the Odeon theatre, and generally contains somewhat more than a hundred lodgers in the shape of students of law and medicine, who contrive to get through the day by lounging in the *estaminet*, or smoking-room, attached to the hotel, playing at billiards, or stationing themselves at the windows that look into the street, and delighting the passers-by with their performance on the cornet-a-piston. The hotel, generally speaking, does not bear a very good name; but it is convenient for the Sorbonne and Ecole de Medecine, and moderate in its charges, the prices of its apartments varying from thirty to fifty francs per month, for which sums you can procure tolerable accommodation. To all those who are thinking of proceeding to Paris, I would recommend it—at all events for a night or two, until they can find out some other furnished apartments which may suit them better.

It was to the Hotel Corneille, then, that Swubs and Okes drove on leaving the diligence. On arriving, they contrived to procure a double-bedded room for sixty francs, which had only been vacated that morning by two other Englishmen, where they immediately deposited their luggage. It is not to be supposed that the arrangement was made in an instant—on the contrary, there was much haggling for words, and peeping into dictionaries before the bargain was concluded; but the *garcon* understood them pretty well, for the French have a keen perception, and our English attempts to speak their language have fallen almost into a dialect, with which every Parisian is familiar—at least every one who has an interest in making anything out of our countrymen.

After taking a warm-bath at the Bains Racine, which considerably refreshed them after the all-night work in the diligence, our friends went back to their room to make themselves a little smart, previously to turning out for a stroll, and partake of their first regular French *dejeuner*, which, after launching several contortions of the facial muscles at the various dishes, they found to be not so very despicable. They were looking over the map in Galignani's Guide, and endeavouring to trace the routes to different points of interest, when their attention was arrested by hearing the following lines sung in a decidedly English, and to them, well-known accent, outside their door:—

"Indeed he's a medical student,
And wears such an ugly rough coat,
Fitted up with those horrid black buttons,
That fasten quite up to the throat."

"Do you hear that?" exclaimed Okes; "I'm sure I know that song."

"And I know the voice, too," replied Swubs, getting up and going towards the door. He opened it, and walked out upon the landing; and there, to his extreme astonishment and no less delight, habited in a striped blouse, with his hair hanging down upon his shoulders, and a ring of mustachios surrounding his mouth, a blue velvet cap upon his head, and the mouthpiece of an immense pipe between his lips; his trousers nearly covering his feet, and the toes of his boots decreasing to an almost imperceptible point—there stood a student, who, disguised and altered as he was, was still recognisable to Swubs, after a momentary survey, as our old acquaintance—John Huggles.

"Why, who the devil would ever have thought of seeing you?" arose from each party at the same time, as they shook hands until they nearly effected a mutual dislocation of the shoulder joint.

"Here, Okes," shouted Swubs, "'ulloa, my boy, come out of that. Here's Huggy! all alive and kicking, and looking the damn'dest foreigner you ever saw."

The surprise was no less in its effect upon Okes, than it had been upon the other two at the totally unexpected recognition. Dragging their newly-found friend into their room, they inquired if he had breakfasted, and finding that he had not—in fact, that he was on his way to order it when they heard him singing—they rang for another cover, and began to overwhelm him with questions, having first emptied some coffee into the bowl of his pipe to put it out, and keep him from smoking.

"Well—this *is* droll," said Okes. "Only to think of our coming to the very place you were at, and meeting you before we had been there ten minutes. How long have *you* been here?"

"In Paris, two months—from England, eight," answered Huggles.

"Why, I thought you passed the Hall, all in a hurry, to go down and look after some parish union. What the blazes have you been doing, Huggy?"

"Dr. John Huggles, if you please," replied their friend with mock gravity.

Swubs and Okes looked at him with a very incredulous expression, as he continued—

"I have taken my degree at Pisa about six weeks back."

"Why?" inquired Okes.

"Because there is no physician within twelve miles of us in the country, and I think, by-and-by, it may be a good move."

"Lord bless your acquirements, Huggy!" said Swubs. "Who the devil do you think would ever call *you* into a consultation upon anything beyond the proportion of ale to porter in a pot of half-and-half. Besides, a Pisa degree is not very regular, is it?"

"Nobody in the country knows the difference," replied Huggles. "A man with 'Dr.' before his name, on his brass door-plate, is a physician, with them, to all intents and purposes. I don't know whether he a'int thought more of, from getting his degree so far away from home."

"And how has the union been getting on all this time?" asked Okes.

"Oh, I soon found that out," replied the other; "why, the house was four miles from the town, and I was obliged to go there every day, whether anybody was ill or not, just to speculate upon the chance of a stray accident. And the midwifery!—by G—, boys, the lower classes breed like rabbits."

"What, half-a-dozen at a time?" observed Swubs.

"No, not exactly that, but they are uncom-

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monly prolific to be sure. I made a calculation to prove, that taking a fair sum from my salary for journies, medicine, and general attendance, I got eightpence for each labour, including castor-oil."

"That's capital pay, certainly," said Swubs. "Well—*labor omnia vincit;* a labour takes a deal of beating."

"You see, Jack, he has passed his Latin," observed Okes, laughing.

"One thing I learned," continued Huggles; "there were never any nurses, and I can wash and dress a new-born kid beautifully. I used to stick all the pins into the little wriggling things at first, but now I manage it in first-rate style."

"And do you mean to go back with all that hair over your face?"

"No, I must have a general shave—it won't do in England. However, I shall not be home for a month yet, and I'll put you up to everything before I go. Where do you think of entering to?"

"Anywhere — everywhere," replied Okes; "we know nothing about it, and will thank you to tell us."

"Well, then—I would advise you, if you really wish to study, not to remain here longer than is merely necessary for you to become a little conversant with Paris and the language. A private lodging-house or Hotel Meublé, as it is called, will be cheaper and better. You may get there a good room for twenty francs a month, and of course board out of the house."

"Study and dissections are precious cheap here—are they not?" inquired Swubs.

"I'll give you an example," answered Huggles. "M. Maisonneuve is a very clever surgeon, and prosector of the Paris hospitals. He has a capital dwelling on the Place de l'Estrapade, close to La Pitié, where he takes medical students as house-pupils. He boards and lodges them very well, finds them as many subjects as they want for dissection and the operations, personally superintends the whole course of their study, gives them the use of his laboratory, library, and museum, and enters them to all the different courses of their lectures for *six pounds per month*."

"I don't think anybody would grumble much at *that*," said Okes; "then why the devil is it that there are comparatively so few men who come over here from England?"

"Just because they are not aware of the advantages which Paris holds out; or are, perhaps, poor-spirited snobs, who are afraid to venture on a journey which they think equal to going to Australia. It cannot be the expense, for it is an undeniable fact, that living is as cheap again in Paris as in London."

And how are the certificates recognised in England?" asked Okes.

"Very liberally at Apothecaries' Hall," replied Huggles; I wish I could say the same of the College. Why! you may be legally qualified without attending a single lecture in England, provided you follow the order of study laid down by the Apothecaries' Company. It need not cost you a shilling to attend the practice of as many hospitals as in London you would pay £500 for."

"And are the lecturers clever men?" said Okes.

"Oh no—not at all," replied Huggles, ironically; "that's the worst of it. You must put up with Orfila for chemistry, Cruveilhier for pathological anatomy, Cloquet for clinical surgery, and Andral for practice of physic—of course, all second rate men of small talent. But come, we will turn out, and look about us, for I suppose you will not begin to fag just yet. I'll be your guide, and you shall stand a dinner for my services."

"Can you dine as cheap as you can study?" inquired Swubs.

"Just the same," replied Huggles; "and if you incline to horseflesh and starved cats, much cheaper. Mind and lock your door whenever you leave your room, and give the key in at the porter's lodge, where you will always find it hung under the number of your chamber."

As they passed the lodge, the *concierge* asked them for their provisionary passports to forward to the prefect of police. They delivered them up with the usual grumbling which the English bestow upon any subject connected with passport trouble (and a cursed trouble it is), and then putting themselves under the care of Huggles, sallied forth.

(To be continued.)

ARGUS.—No. I.

PHYSICIANS' PRESCRIPTIONS IN ENGLISH.

"Argus, qui voit tout, avoit cent yeux, et deux seulement se fermoient à la fois, pendant que les autre vieilloient."
Encycl. Methodique.

So Mr. Muntz, who is a second Daniel come to judgment, has given notice to move in committee on the Medical Profession Bill, that "all prescriptions shall be written in English, at full length; and also, that labels upon jars, drawers, &c., in the shops of chemists and druggists, shall be written or printed in the same manner." *(See Medical Times, No. 83, p. 39, April 24.)* What a wiseacre is this Mr. Muntz! There never was an instance where the caution "NE SUTER ULTRA CREPIDAM!" was more appropriate. Before Mr. Muntz sets the Thames on fire by Englishing and vulgarizing physicians' prescriptions, we beg to inform him, that, whatever we may think of his merits as a Brummagem politician, a unionist and radical reformer, a currency and country doctor, we have no respect whatsoever for his qualifications as a *soi-disant* medical legislator, and as such he is not entitled to become a meddler, and, as old Izaak Walton says, to bring destruction on physicians and others, by meddling in matters he knows nothing at all about. Of the privileges, protections, policies, and tactics of our profession, of its relations to the human mind, and its psycological characteristics, which need those protections, a hard common sense matter-of-fact sort of man, such as Mr. Muntz may be, can be no judge. His motion is nothing more than a "clap-trap," "*ad captandum vulgus*" freak, which will tend to the injury of physicians without benefitting the public. Is Mr. Muntz aware, from the information of any experienced and practical physicians, that this step would be a last and fatal blow to the physicians? After 17 years' practice, not as a pure, but as physician and surgeon united, after a liberal and classical preliminary education, five years' apprenticeship, and six years' hospital education in four countries, and three diplomas and licences, we are convinced, by what we have undergone, of the truth of the following positions in the world. Nothing is so ruinous to the interests of a physician, dependent solely on genius, talent, and skill, possessing original resources above the common herd of the profession, as writing any prescriptions whatsoever as he now does, or having them exposed to the public on the counter of a druggist and chemist. Every regular, routinist, sciolist, systematist, and smatterer in the profession, every incipient Scotch dub, indeed every one of the "ASSES of ÆSCULAPIUS," who enters a drug-shop as confessors of the unfortunate and ear-wigged druggist, makes it his first business to pick up and croon over a popular physician's prescriptions. If he is a low, envious, and inferior competitor, as in nine instances out of ten he is, a swad who "ne'er so much as half an education had," and a puppy-like country town egotist, filled with self-conceit, medical competional invidiousness and jealousy, so peculiar to the lower grades of the asses of Æsculapius, he falls to drugging, satirizing, and belying, as *well* as he *knows how*, and in *his way*, the prescription. He inquires who and what it is for, reads it over, carries it on his peracranium, or written on his nails with his pencil, and uses it in the same cases, even after the brain-sucker has condemned the remedy, and traduced the writer of it! Nor is this all the evil. It behoves a medical legislator of so popular a texture, and of so superior a cerebral development as Mr. Muntz, to know that nothing is more injurious to the worldly interests of the skilled physician, than writing prescriptions and particular recipes at all, to be copied and hawked about, with a discussion of the case, from potterer to routinist, and at last from one old woman to another throughout a chattering country town. There are a set of brain-suckers in the profession, who, having no brains of their own, furnish their numskulls or paper-skulls out of the brains of better men. Mr. Tom Moore compares these men to the pismires of the East, that always select the brains of a dead lion, and suck them all up, and Coleridge compares them in like assimilations in Charles Mathews's Diary. It is bad policy, moreover, for the physicians to disclose the nature of the case or his treatment to the patient. But the limits of Argus, with as many eyes as a peacock's tail, does not permit us to say more, but we shall resume the subject with some pregnant instances from the private correspondence of certain high practical physicians, showing the bad results of written prescriptions, in opening the evil eyes and tongues of astute competitors, and exciting the distrust and false judgment of ignorant, prejudiced, and self-conceited patients.

EDITOR.

CASES OF ABSCESS IN THE ILIAC FOSSA; WITH REMARKS.

By EDWARD CHARLTON, M. D., Edin. Associate-Member

Continued from p. 90.

Dissection—54 hours after death. Body extremely emaciated; the right leg contracted at the knee, and much more wasted than the left. A point of fluctuation could be felt a little in front of the tuberosity of right ischium. On pressing this part, at the same time as upon the abdominal parietes, a fluctuating tumour, about the size of a hen's egg, might be made to rise a little above Poupart's ligaments. The lungs exhibited but very slight traces of disease. The bronchial mucous membrane was redder than natural. At the summit of the right lobe was a small cavity of the size of a filbert, with irregular walls, and containing a dark grumous fluid. *Right* lobe of liver extremely large, though then (this had been observed during life) extending two inches to the left of the umbilicus. The great arch of the stomach was in contact with the anterior superior spinous process of the ilium on the left side, the lesser arch making a remarkably sharp curve upwards to reach the duodenum, which was in its normal position. Substance of liver remarkably bloodless, slightly greasing the blade of the knife, and presenting in several portions the true nutmeg characters. The gall bladder remarkably large, and distended with thin fluid bile. Small intestines healthy. The tumour before alluded to did not exist, except when handled in the way above described, but the collection of fluid of which it was composed

was evidently beneath the peritoneum and fascia iliaca. To the walls of this cavity the cæcum was firmly attached by a portion about an inch and a half from the ileo-cæcal valve. On pressing again, as before described, I thought I twice heard fluid passing into the gut. In detaching the adhering portion of the cæcum, the cavity of the abscess was laid open, and it poured forth a considerable quantity of a greenish-white pus. The gut was then carefully divided above and below, and the several portions laid open, when a communication appeared, capable of admitting a small crow-quill, between the cæcum and the cavity of the abscess. A thin bridle of mucous membrane lay across this, partially closing up the orifice. The cæcum and ascending colon were much redder than natural, but the mucous membrane did not appear greatly thickened, and presented no marks of ulceration. The anterior crural and lumbar nerves lay in the midst of the vast cavity of the abscess. These nerves appeared to be almost completely disorganized; at the slightest touch of the scalpel they gave way, like the substance of the brain, several days after death. The large blood-vessels appeared not to have suffered at all in their coats from the contact of the purulent matter, except that they were surrounded with a dense white leathery substance, resembling in every respect the old adhesions formed by coagulated lymph in the sac of the pleura. The limit of the abscess superiorly was the superior insertion of the psoas magnus, the matter having followed the course of that muscle quite up to the vertebræ; but these latter, though forming part of the parietes of the abscess, did not appear to be diseased. The matter had passed out of the pelvis below Poupart's ligament, and from thence had crept round between the trochanter major and the head of the femur, to the tuberosity of the ischium, and had there nearly made its way to the surface, when the poor patient expired. The rest of the contents of the abdomen were in a perfect healthy state.

Remarks.—It is singular that abscesses of the iliac fossa should hitherto have attracted so little of the attention of English practitioners. That such cases have occurred in this country cannot admit of a doubt, but a few slender notices only have been published on this subject. In France, however, this has not been the case; and the researches of Puzos, Dance, Dupuytren, and Grisolles have contributed not a little to dispel the obscurity that prevailed regarding this affection. Besides the two cases here detailed, I have obtained a short account of a third which occurred some time ago in the practice of a surgeon in Newcastle. In this instance, the abscess burst into the vagina, and the patient ultimately recovered. In a few points, the cases above detailed slightly vary from those detailed by French writers. Iliac abscesses, which open into the large intestine, generally occur in the *right* iliac fossa. This, no doubt, results from the position of the cæcum in that part; and, in particular, because that portion of the large intestine is not covered posteriorly by peritoneum, and the contents of the abscess are therefore placed in immediate contact with the true coats of the bowel. It is stated by Grisolles, that iliac abscesses have in fifty-three cases been observed to occupy the right side, while in only twenty instances they have appeared on the left. Of nine cases after delivery, seven occurred in *primiparæ*, and two only were observed in females who had previously borne children. Perhaps the usual severity of a first accouchment may in some degree account for this, but it does not appear that any severe subsequent labours have any influence in producing this affection. In Case I., the disorder came on after a tolerably easy labour, and the individual had previously given birth to several children. Case II. was a first accouchment in a woman 37 years of age, and the labour, I was informed, was exceedingly painful and tedious. Grisolles has never observed this affection to supervene whilst the infant remained at the breast, but such was the case in Case II. Nor did the milk disappear with the commencement of the disorder, so as to countenance the old theory of Puzos and others, that such abscesses, after delivery, result from metastasis of the lacteal secretions, and are truly, to use the expression, "dépots de lait." In both of the cases here recorded, the abscess occurred in the right iliac region, though, according to some authors, the opposite side is, after delivery, the most liable to become the seat of the disorder. In both cases, the flexed position of the thigh upon the trunk, so as to relax the iliac and psoas muscles, was the only posture that could be endured, without extreme pain. In Case I. it was a matter of great difficulty to discover the tumour formed by the abscess in the iliac region; and in Case II., I could never discover it at all. However, I did not see the patient in this latter instance till two months after the commencement of the disease, and, from the presence of diarrhœa at the time, I conclude that the abscess had already burst into the cæcum; and the tumour would consequently never present that full resistance to the hand, which would have been the case had there been no outlet for the matter.

THE DAYS WHEN WE WENT PLASTERING!

In the days when we went plastering, a long time ago,
The men and women in the wards had faces full of woe;
They turn'd and tumbled on the beds, with pale and sickly mien,
While nought but pain and misery around us could be seen.
And thus we passed the dismal time, 'mid scenes of care and woe,
In the days when we went *plastering*, a long time ago,
In the days when we went *plastering*, a long time ago!

No eyes were bright, no hearts were light, no patient's face was gay,
The *dressers* soothing plasters spread, and *ointment* fill'd *each tray!*
'Twas there we heard the nurse's note sound thro' the tainted air,
While every patient round us seemed oppress'd with grief and care.
And thus we passed, &c.

We oft applied the *cupping glass*, and as they dropt a tear,
We bid them look for happier days, and many a happier year;
We dress'd their wounds with all our art—oh! may it ever be
Our greatest pride, from each bedside, to set our patients free!
And thus we passed, &c.

And should *we* ever pay again a *visit to the scene*,
We'll drink the health of those we cured, of *pale and sickly mien!*
May they live long, *their limbs to rule*, and may their *muscles prove;*
That they enjoy the soundest health, and able still to rove!
And thus again we'll pass the time, 'mid scenes of care and woe,
As we did when we went plastering, a long time ago,
As we did when we went plastering, a long time ago!

V. QUARTUS.

SIDE-SLIP FOR QUACKS' CORNER.

"I say, HUM, how feres it with QUACKERY now!
Is it PRIME, is it UP, is it spooney, or HOW?
Tom Moore Travestie.
A QUACK! to feed like fiends on human blood!
Smollett.

THE MEDICAL TIMES, from its first commencement, has been directed not only to the advocacy of a broad, comprehensive, and liberal reform of the profession, but to the deprecation of its greatest opprobrium—gross QUACKS and QUACKERY. We trust the time will not be long before the exertions of the POPULAR MEDICAL PRESS will compensate partly for the loss of the more appropriate and effective interposition of the STOCKS.

"The parson put Hob in the stocks, he did;"

or, as the stocks have gone out of fashion, on the TREADWHEEL. There was a time when the whipping-post and stocks were placed in every village at the approach of our most venerable edifices, with the convenient accompaniment of a parish horse-pond in the distance; but the *soft*, southern, sickly sentimentality or "philanthropy" of modern legislation, in a highly civilized and refined age, have stubbed up this useful instrument and burnt it. Its iron grasp of old arrested a swarm of itinerants and vagrants, and, among others, itinerant vagrants and migating Quacks, in the assumed capacities of aurists, oculists, and what not, and, in some cases, of low fraud and swindling or other imposition, conferred on them those marks of distinction which are most suitable to the dignity of their characters and exploits. We remember some five-and-twenty years ago, when schoolboys, being much diverted by the shrewdness of an old woman, Margaret Seale, who did "something desperate," as old Weller says, for she kept a turnpike close to the church and stocks. She was beset by two itinerant quacks, who promised to "expel all the wind in her body in 24 hours," for she was a windy subject. Being determined to protect her poor windy bowels, "I dare say you would," said she, "and force out all the breath in my body; and I cannot help thinking that many *gintlemen*, such as you, and many more tramping about the roads, ought to have your legs fitted into yon stocks." "Such ignoramuses as you," replied the quacks, "are incapable of properly appreciating gentlemen of our parts!" and walked on.

Domitian amused himself with impaling flies with bow and arrow, and though we have no "haut gout" for any such amusements, nor any peculiar propensity to commit breaches of Mr. Martin's Act, by cruelty to animals in general, yet if "we had a donkey *wot* would'nt go," we must be bound to devise means that would *feelingly* persuade him what he was. *Similia Similibus*, what Salmon sarcastically calls the "ASSES of ESCULAPIUS," for asses they are after all, so long as they commit imposition and fraud on the weak and credulous, deserve to be lashed and exposed whether stationary, perambulatory, vagrant, or migratory. Accordingly, we shall give short sketches and anecdotes of this fraternity from time to time, in what we call QUACKS' CORNER, after the idea of Poet's Corner, Westminster Abbey, though the comparison may be odious, but is not meant to be disrespectful to the sons of song. Some object, "Why expose rank Quacks?" "The subject is too low; they expose themselves sufficiently on wall or handbill." An editor of a newspaper, who, for advertisement's sake, was an encourager of Quackery in one of those hotbeds of Quackery, a large watering-place, was once taken to by us, not only for this conduct, but for refusing to admit anything against them; when we asked him why he refused a just castigation

from the regular side? "Because," said he, "I consider it *low taste* to expose Quackery!" De gustibus, non est disputandum! Newspaper Editors use after-thoughts to conceal pocket-reasons. To get money any how, and *to get* money if you can, is their Horatian wisdom, no matter how the public may suffer.

To abate the pickpocketing of ignorant and credulous creatures, who have more money than wit, and who are better fed than taught, the Reform Press in Medicine is bound to expose Quackery in *every shape*. It is impossible to treat many things as dissertational or connected subjects, but anecdotes, apologues, aphorisms slipped in in a familiar and facetious style, are often apt to catch the risible faculties, and fix a stronger impression and principle upon the mind, by ridicule and satire, than philosophical declamation or argument. The number of rank Quacks is still considerable, but though the number of itinerant and vagrant nuisances is certainly diminished within the last ten years, there is still a multitude of vile foot-pads under various denominations who infest the rural districts and market-towns and villages, dispersing puffs and pamphlets, and selling great quantities of trash to middling and gaping country people, especially in the agricultural counties. As this traffic is one of the most "beastlye abuses of physic and chirurgerie," to use the words of an old reformer, we shall fight the *low* game as well as the *high*, in an amusing and anecdotal manner. We shall hereby provide country practisers with a stock of ensamples, which will enable them to scourge those predatory reptiles, whose vocation it is to prowl about the country and diffuse imposition along the highways and bye-ways.

"Oh Heaven! that such companions thou dost unfold,
And put in every honest hand a whip,
To lash such rascals naked through the world,
Even from East to West."

Years ago we importuned the country practitioners of literary *esprit*, through the Journals and our various communications and essays against Quackery, to publish applicable anecdotes, *jeux-d'esprit*, and "cautions" in the local newspapers, to counteract the race of strolling vagabonds wherever they made their appearance, who distribute quack pamphlets like the Morisonians and Hygeists.

We have found the lash of satire and ridicule, well timed, and delivered short and sweet, very effectual on the whole in staying the pamphlet Quack and the knave who inserts a string of perjuries in newspapers, deposing to cures in incurable cases.

"The strolling tribe, a despicable race,
Like wand'ring Arabs shift from place to place."

Squibs and *exposés* effect much good: but as they cannot bestow brains where brains are wanting, nor cast out those three monsters, Ignorance, Prejudice, and Credulity, where natural, therefore the strong arm of the law must shortly come in to curb the promiscuous, miscellaneous, and unprincipled adventurers, who have ever been permitted to pervert and burlesque every department of medicine.—Ed.

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES; PARIS.

Obstruction at the internal orifice of the Urethra.—M. Civiale read a memoir on obstruction of the internal orifice of the urethra. The author described a particular species of obstruction at this part of the urethra, which occurs chiefly in old persons. and depends sometimes on disease of the prostate gland, and sometimes on a semilunar fold, which projects from the under surface of the neck of the bladder, and thus impedes the discharge of the urine, and the introduction of instruments. This valve presents various degrees of thickness and elevation: it is sometimes nine or twelve lines high, and appears to be produced by some tumefaction of the prostate gland, which elevates the mucous membrane into a peculiarly shaped fold. The surgical treatment consists in dividing this membranous barrier, either from the edge towards the base, or by puncture. The author exhibited to the members of the Academy the instruments with which he performs this operation; it has already succeeded in two cases.

Stammering.—M. Petrequin addressed a letter to the Academy on the subject of stammering, in which he dwelt at some length on the necessity of investigating the principal varieties of this affection, in order to appreciate correctly the various operations which may be suitable to them. He then describes the method of operating which he has adopted. He commences by ascertaining with the thumb of the left-hand the precise situation of the inferior process to which the genio-glossi muscles are attached, and with the index of the same hand, introduced into the mouth, the superior process, and thus measures the distance between these two points, &c. Having done this, he passes the point of a double-edged bistoury (at about a line and a half from the frænum) into the sheath of the genio-glossi muscles, to the depth of five lines. A blunt hook is then passed downwards through this opening, and turned under the tendons of the muscles, which are divided with a pair of scissors.

ACADEMY OF MEDICINE.

Vaccination.—M. de Claubry Read the Annual Report on Vaccination, of which the following are the conclusions:—

1. In the various epidemic attacks of small-pox which have occurred throughout the provinces, vaccination has unquestionably tended to arrest the progress of the disease, by converting small-pox into varioloid.

2. In the whole of France, the immense majority of persons vaccinated for a considerable length of time, remained free from the disease, although they had close communication with infected individuals.

3. Even when small-pox had affected the constitution, it was always favourably modified by vaccination, both when the disease was at its outset, and when it had made considerable progress.

4. Some cases of severe modified and of true small-pox have occurred in the vaccinated; but several of the observations of this kind are incomplete, and in several the certificates did not clearly show that the vaccination had been perfect, for they were delivered on the day of the performance of the operation. However this may be, it is certain that in every case, small-pox after vaccination was much less severe than small-pox after small-pox.

5. The diminution of efficacy in vaccine matter after successive transmissions, is denied by most of the practitioners throughout the country; 170 medical men, and 11 committees of vaccination, have declared against this idea. Some practitioners vaccinated one arm with the old virus, and the other arm with new vaccine matter, and they affirm that the pustule and the cicatrix were exactly the same on both sides. Hence we cannot consider that any deterioration has been proved to exist.

6. The same number of vaccinators disprove of revaccination, at least as a general measure, because it might shake the confidence of the public in the efficacy of vaccination. Besides, the advocates of revaccination are by no means agreed on the period at which the second operation should be employed. Some mention 20 or 25 years after the first vaccination: others fix a much shorter period; finally, some would have us revaccinate the whole population every five years.

7. Of 6,652 revaccinations, the progress of which was regularly noted, there were 718 cases in which a normal pustule was obtained; in 1,283 cases, the pustule presented such doubtful appearances, that nothing could be concluded from them; finally, revaccination failed completely in 4,651 cases. Hence the reporter concludes, that as revaccination succeeded in so small a proportion of cases, the greater number of individuals are incapable of contracting vaccinia twice, and that a second vaccination would, generally speaking, be useless. Besides, even a successful revaccination does not guarantee the patient against the infection of small-pox, and the operation could never become general.

An interesting debate followed the reading of this report.

Mr. Piorry did not agree in the condemnation of revaccination by the reporter. He had frequently revaccinated, and thought that, in a fourth or fifth of the cases, the operation had been followed by a pustule which bore the same relation to the vaccine one as that of varioloid does to the pustule of small-pox.

Mr. Bousquet said, that of 130 cases of revaccination practised by him, 30 gave rise to a true pustule. At Versailles he had revaccinated 90 persons, and succeeding in 37 cases.

M. Honoré adopted the opinions expressed in the report; on the other hand, MM. Dubois, Bouillaud, and Deportes, thought that the question of revaccination had not been examined in a manner calculated to clear up so important a subject.

Accidental Scalping.—M. Leroy d'Etiolles presented the *whole* of the hairy scalp which had been torn off from the head of a woman by a carding machine. The woman survived this dreadful accident for fourteen months, and was finally carried off by hectic fever. The denuded cranium had exfoliated.

FROM MR. HOWSHIP'S WORK ON SURGICAL DISEASE.

Biliary Calculi—Scirrhous Bile Ducts—enormous Enlargement of the Ducts in the liver no Gall-Bladder.

Mrs. B., 58, (sister to Mrs. J., who also died from biliary calculus,) was, for twenty-seven years, subject to severe biliary complaints; sudden attacks of intense pain, with most distressing vomiting, from which, for many years she was scarcely a month free. The pain always arising in the same spot extending to the stomach and whole abdomen, and lasting several hours. One of the most severe attacks came on with furious retching, returned every two or three days, for as many months, and left her excessively reduced; but assisted by medicines, she passed a number of gall-stones, the size of small peas. Under care of Mr. Stuart, she on this occasion took blue pill, till the mouth affected, she soon found relief, and remained well several years. But if lying on the left side, cough came on, she started with the agony of acute pain. Once, for near a month, she had almost constant vomiting, extreme tenderness of abdomen, and most intense agony. Pulse soft, 60. Stools tinged with healthy bile; urine bilious, depositing a copious albuminous sediment. By the former plan again relieved, several small calculi passed the bowels. For the last two years of

her life, attacks extreme in severity still returned, in one of which, after nine hours of intense pain and incessant vomiting, one small gall-stone passed the bowels.

October 6, 1826.—Constant irritation and tingling in the deeply jaundiced skin. Features shrunk and quite changed. Hands numbed, yet burning. In coughing, much pain over the abdomen, most dreadful in the back and loins; and in the chest checking the full breath. After two weeks of alleviation, she still thought a gall-stone in the duct obstructed the flow of bile. Pulse 80. Perpetual restlessness. Stools white. Skin and urine the colour of pure bile.

October 22.—Still of the deepest yellow; helpless and sinking. The slightest pressure on any part of the abdomen induced most violent internal pain. Tumultuous palpitation at the heart. The mouth made sore, now gave no relief.

February 25, 1827.—Quite sensible; pulse scarcely perceptible. Sick at stomach, and straining to vomit, she felt something snap, and soon threw up nearly two pints of coagulated blood and greenish matter; and the same evening died.

Post-mortem.—In the abdomen, I found a quantity of recent grumous blood in the small intestines. The liver apparently healthy, but to an extraordinary extent tumid with bile, full, and tense; cut into, bile gushed out in copious streams, and the liver subsided. The uterus and ovaria were nearly of the consistence of cartilage, from the advance of scirrhous disease. I examined with care the mucous surface of the stomach and intestines, but was unable to detect the seat of the ruptured vessel.

The common bile-duct was partly dissected out in the duodenum, but traced back towards the liver, was so enveloped in disease, that it was difficult to follow it. It appeared that long continued irritation had excited specific disease of a scirrhous character, in the cellular tissue between and external to the coats of the ductus communis, rendering that tube at one part nearly impervious, and inclosing it in a yellowish white mass, not of material extent but compact as cartilage. Tracing the duct, through this disease it appeared to pass on directly into the liver, without furnishing a ductus cysticus, neither could any vestige of a gall-bladder be ascertained, although the viscera removed from the body afforded every facility for most careful examination.

Connected with the diseased biliary ducts, and leading thence into the liver, were numerous remarkable divergent canals passing through the liver, presenting a fine smooth internal surface, and large enough to admit the finger to pass freely through them in many parts, even to the surface of the liver. These I considered to be enlarged biliary ducts, but Dr. Thomson, who assisted in the examination, rather doubted their having the same disposition as these ducts; and yet, as he observed, the sides of their being the hepatic veins, did not obviate the difficulty of there being no gall-bladder. I carefully and repeatedly examined the inferior surface of the liver previous to dissection, expecting to find calculi in the gall-bladder, but could nowhere discover such cyst either then or afterward; but on following the large divergent canals through the various parts of the liver, found they all contained bile, and bile only. Dr. H. said he recollected only one other case of apparently deficient gall-bladder, which he mentioned to the late Dr. Baillie, who came to the Marylebone Infirmary and dissected the liver, when, on its convex surface, they felt a point, cut upon it and found a small gall-bladder imbedded in the substance of the liver.

With the exception of the gall-bladder being wanting, the peculiar condition of the parts appeared the result of extreme irritation in the passage of gall-stones, exciting effusion into the cellular tissue with scirrhous induration, which, in its turn, impeding and preventing escape of bile, had caused enormous distension of the ducts within the gland, gorging the substance of the liver and overflowing the whole system, inducing also the excessive tenderness and distressing irritation, under which the patient sunk and died.

QUACKERY UNMASKED.

To the Editor of the 'Medical Times.'

SIR,—Knowing your aversion and detestation of anything which assumes the shape of quackery, we are induced to bring under your consideration an indirect mode of advertising, which has lately been much resorted to by men who aspire to the title of *pures* and leading operating surgeons; and we are the more anxious to address you upon it, as we think it may have escaped your acute observation. The mode to which we allude, is that of trumpeting forth operations at medical societies, and thus converting these useful institutions far, very far from their original intentions or objects. On taking up the Lancet for March 27, in which are reported the discussion upon stammering, we were struck with the style and manner in which a Mr. Downing* held forth. He ridicules the proposed operation of one surgeon as "unphilosophical, and not based upon scientific grounds, and also the paper and cases as not being sufficiently explicit; but that another of these pures did not perform his operations indiscriminately on all who applied, but after minute investigation, chose those only who were likely to be benefited by the proceeding; and ended by giving his theory, viz., that much of the effect was the shock to the nervous system by the operation, and the loss of blood consequent upon it." Now, Mr. Editor, at the time this discussion took place, the operation had not been performed many times in England, and therefore little could be known as to the merits and demerits of the different operations. We can come to no other conclusion, but that it is an indirect way of puffing; that it is a method resorted to by the leading men in the profession we would not for a moment impute, but that it is one adopted by several of the small fry we think few can deny, and might, if allowed to go unmasked, be a means of detriment to the respectable surgeon, who relies not on living by gulling the people, nor seeks the aid of history to spout forth to the world by means of societies his operations, but quietly pursues "the even tenor of his way," not fearing but that merit will one day have its reward, and that sooner or later these unprofessional attempts at notoriety will be seen through by a discerning public.

And now, in conclusion, allow me to ask who Mr. Downing is? and perhaps a word of advice from us, the unknown to him, may not be out of place; that is, Sir, to make himself better acquainted with subjects which come under the notice of the Westminster Medical Society, before he again presumes to ridicule one operator and laud the other; for it appears to us, if Mr. D.'s theory be the true one, the person that cuts the most and draws the greatest quantity of blood will be the most successful operator. Hoping the insertion of this letter will not take up too much of your valuable paper, we remain, Sir, your's respectfully,

Two Tee-totallers taking tea together.

London, May 25, 1841.

* This gentleman is dispensing apothegary to a dispensary in a crowded neighbourhood, near Lincoln's Inn Fields.

FOREIGN HOSPITALS.

HOPITAL DE BICETRE.—M. MALGAIGNE.

CLINICAL LECTURE ON A NEW VARIETY OF DISLOCATION OF THE HUMERUS, USUALLY COMPLICATED WITH FRACTURE.

M. Malgaigne stated that the history of luxations of the humerus is entirely modern. The ancients had not dissected them, and classed them without method. Boyer performed some dissections, but derived little advantage from them; he even confirmed the existence of an imaginary dislocation, which he considered the most frequent—the dislocation, namely, *downwards* or below the glenoid cavity; the possibility of the occurrence of which M. Malgaigne was the first to deny, showing that it could not happen unless the capsular ligament was completely torn across, in which event the muscles would draw the head of the humerus upwards. M. Malgaigne's experiments on the dead subject convinced him that the mode of production and symptoms were the same in the living and dead body; and that the most frequent dislocation in the humerus is that in which the head of the bone is placed below the coracoid process, which he thence terms *sub-coracoid*.

This species of dislocation may be *complete* or *incomplete*, two varieties which are distinguished by symptoms hitherto overlooked, but which are nevertheless, precise and easily recognised. In fact, the position of the inferior tuberosities of the humerus accurately indicate the position of the head of the bone: that is to say, the more the arm is rotated outwards, the more is the head of the bone carried inwards; and it is the amount of the rotation of the arm, hitherto overlooked, which determines the completeness or incompleteness of the luxation. The dissections of old luxations of the humerus confirm this distinction: as sometimes we find that the internal border of the glenoid cavity has hollowed out a depression for its accommodation between the head and tuberosities of the humerus (complete luxation,) and sometimes on the middle of the head of the humerus itself, (incomplete luxation.) M. Malgaigne's doctrine received for the first time a public confirmation from Dupuytren, who, being unable, at Hotel Dieu, to reduce a *sub-coracoid* dislocation by the ordinary method, regarded the case as an old ununited fracture. M. Malgaigne explained his views to Dupuytren, who acting on them succeeded in reducing the dislocation.

Mr. Malgaigne has latterly observed some facts, which establish a new variety of dislocation, which he calls *intra-coracoid*. The first case occurred in a female aged 60, who fell on the edge of the flagway, the arm being extended from the trunk. The symptoms differed considerably from those of the *sub-coracoid* dislocation, the head of the humerus being very imperfectly felt in the axilla, and the coracoid process was at least as easily felt anteriorly as the head of the humerus itself. M. Malgaigne could only reduce this dislocation, by attaching lacs to the wrist, passing the lacs over a door, and whilst an assistant thus made extension, so as to raise the patient from the ground, making strong pressure on the dislocated shoulder.

The second case was caused by a fall from a horse, the weight of the body pitching on the point of the shoulder. The reduction of the dislocation was ineffectually attempted at Marseilles, by means of M. Mayor's apparatus. The phenomena were the same as in the preceding case, the head of the bone was carried more inwards, and the arm more rotated outwards, than in any case M. Malgaigne had yet seen.

The third case likewise occurred from a fall on the shoulder. The dislocation was reduced, but reappeared on the slightest exertion, when the arm was elevated.

The fourth case was that of M. Sigal, a physician, who fell on the point of the shoulder. Nineteen ineffectual attempts was made to reduce the luxation. On the 50th day it was reduced by the method to be presently mentioned.

Three other cases that occurred in old persons presented the same symptoms, and the same difficulties. In all the cases, except the first, the luxation occurred from a fall on the point of the shoulder; and in all the cases when reduction w

effected, a crepitus, exactly like that of a fracture, was heard after it.

An autopsy at length threw new light on all these cases. In January, 1841, an old man, an inmate of Bicetre, fell on the point of the right shoulder and dislocated the humerus. M. Malgaigne reduced the dislocation by the method to be presently mentioned, but the patient died on the 12th day. The symptoms had been those above mentioned, and crepitus was heard after the reduction. On dissection, there was a fracture of the great tuberosity of the humerus, which remained attached to the infra-spinatus muscle; the head of the humerus was very much inclined inwards, but the posterior portion of the capsule being entire, had prevented it from passing beyond the point occupied by it in *sub-coracoid* dislocations. The other cases, in which there were the same symptoms and the same difficulty of reduction, were, M. Malgaigne thinks, similar to this. The chief difficulty in the reduction arises from the rough fractured surface hitching and locking on the edge of the glenoid cavity. In fact, in dislocations, the muscles cannot oppose more resistance than in fractures; and thence when this locking or hitching does not occur, it suffices to reduce the dislocation with facility, to place the arm at a right or obtuse angle with the trunk; that is to say, in such a position that the muscles of the shoulder shall be in a right line with the direction of extension: but when this hitching on the rough fractured surface occurs, the above method cannot succeed, and M. Malgaigne has resorted to a new plan, which consists in converting the arm into a lever of the first order, in which the arm of resistance shall be as short as possible, and the antagonist arm as long as possible, which is effected by placing the hand in the axilla, as the fulcrum of the lever.

In consequence of the fracture of the great tuberosity of the humerus, (which explains the crepitus long since noticed by M. Velpeau and other surgeons,) the motions of the arm are not completely restored. The existence of that fracture also explains another peculiarity, observed by M. Malgaigne in two cases, viz., that the reduction seems not to be effected when it is really complete. In these two cases the arm seemed to fall downwards and forwards, and a considerable interval intervened between the head of the humerus and the acromian process. M. Rigal observed that this peculiarity existed in his own person only when he stood erect; in the horizontal posture the reduction seemed complete. The phenomenon is explained by the separation of the great tuberosity of the humerus, which destroys the action of the *infra*-spinatus muscles, which draws the humerus backwards, and of the *supra*-spinatus, which draws it upwards.

In fine, in this, the *intra-coracoid* dislocation of the humerus, the head of the humerus is below the coracoid process, but is sometimes separated from it by an interval. The coracoid process is more prominent than the head of the humerus; and the finger in the axilla with difficulty feels the head of the humerus, which can only be plainly distinguished when the humerus is moved, as a lever, on the hand in the axilla.—*Gazette des Hopitaux.*

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XIII.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

We have now concluded the ancient laws of Henry viii., and the common law which follows after. It cannot be denied that these ancient statutes of H. viii. had provided most amply and rigorously against IRREGULARITY and QUACKERY. But it has been the fate of every measure in England, whether then or since, utterly to fail in the check of this enormous evil. Whether this failure of all corporate institutions, and all law in England in curbing quackery, has arisen from the notorious national ignorance, prejudice, and credulity, having thrown the stubborn shield of irrationality over this "BEASTLYE abuse of physicke and chirurgerie;" or, whether it has arisen from the want of zeal, disinterested feeling, and earnest desire of our close corporations for the honour, elevation, and respectability of the whole profession; or whether it has not been owing more to the enormous expense, excessive difficulty, and glorious uncertainty of law courts, than to the indifference, torpor, and negligence of our close corporations, we now know not, but shall presently discover. We have had ourselves much melancholy and adverse experience of English law in three tardy, tedious, profusely expensive chancery suits, and actions at common law, for the recovery of property under wills and settlements, and we must say, that if the theory of law in England is the PERFECTION of REASON, the PRACTICE of it is too often the PERFECTION of VILLANY and INJUSTICE in result, and prodigal expenditure in costs.

By clause twenty of the Apothecaries' Act of August 1, 1815, and Declaratory Act, July 6, 1825, the first of which we call the "chapter of blunders," it was declared that any person practising as an apothecary in any part of England and Wales, without being examined by the London Society of Apothecaries, or receiving such certificates as directed, shall for every such offence forfeit and pay the sum of £20. By clause 21, he cannot recover any charge claimed by him in a court of law. By clause 25, one-half of the money arising from the conviction and recovery of penalties, is awarded to the informer or informers.

Clause 4, in a second Act of 1825, also provided that navy and army surgeons should be enabled to practise as apothecaries without having undergone any examinations, or received any certificate from the Worshipful Company.

By another clause, it provided that an annual list of all persons who shall in that year have obtained certificates to practise as apothecaries should be published, with their respective residences attached to their respective names. Penalties were also attached for WRONG COMPOUNDING.

The Apothecaries, in 1826, passed an amended Act, but this continued in force but for one year. It is now in contemplation by the Hall "to do away with five years' apprenticeship, to DISCONTINUE the PROSECUTION of UNLICENSED PRACTISERS, and to RECOMMEND the ADOPTION of some OTHER MEANS to guard the public from IMPOSITION and IGNORANCE!!!" This was the substance of the information laid before the Delegates of the Associations, Mar. 2, 1841, by Mr. Bacot and Mr. Robinsor, at their conference with the Masters and Assistants of Apothecaries' Hall.

How this last anchor of medical polity in the anti-empirical legislation of physic, and just protection of the regular profession, was torn up from its moorings, and proved, like all the coercive laws of the bull-necked H. viii., inefficiencies and failures, comes to be explained by their experience of the Hall, with which the previous experience of the College of Physicians of London unanimously coincides, all tending to demonstrate how difficult a thing it is to guard against the ignorance, prejudice, and credulity of human beings, and to bridle the quackery, imposture, and villany, of beings in human form who make a market of human folly, who exists, as one of our greatest writers and a physician says, "as QUACKS, to feed like FLEAS on human blood!" For fifteen years, through weal and woe, as highly educated members of the medical profession, we have done our duty, in respect to these two points, the exposure and suppression of irregulars and quacks, regardless whom we have offended or whom we have pleased, or what abuse, slander, oppression, and detriment to our private interests have fallen to our lot at the hands of knaves and fools, sympathising with quacks and hypocrites, in all classes of society, without the protection of those chosen but apathetic and passive few, who are more liberal, wise, and good in principle and conduct. It has ever been the rule of our own minds, that the greatness to be exhibited in these dire times by the really great physician, is greatness of intellect—and the conquest to be achieved and celebrated, are the conquests of the mind over three of the greatest monsters of this country—IGNORANCE, PREJUDICE, and MORAL PERVERSION, in all classes of English society; for, however civilized and refined this country may be, it is not really enlightened, in comparison to France!

Mr. Warburton, as we have observed before, in our articles "on colleges and corporations," ought to have drawn up and published a comprehensive and faithful REPORT of the Medical Evidence of the Select Committee of 1834. None can overcome the tediousness, drowsiness, and languor of crooning over a farrago libelli of questions and answers. Mr. Wakley attempted to republish this evidence, but Morpheus shook his poppies, and was too much for him. In consequence of their having been no report, the evidence has been neglected and locked up from the profession like the Sibylline leaves, except a few ardent, inquisitive, and laborious reformers. Mr. Warburton takes things easy, but we say to all tardy senators,

> "Be wise to day; 'tis madness to defer.
> Next day, the fatal precedent will plead;
> Thus on, till wisdom is push'd out of life.
> PROCRASTINATION is the THIEF of time.
> Year after year it steals, till all is fled."

The Apothecaries' Act of 1815, was procured by the Company in consequence of the low state of the profession in England and Wales, in the early part of the present century. The general condition of the profession had never been otherwise than abject and ignoble as a body, from the days of H. viii., with the exception of the members of the College of Physicians. This state of things in the early part of the present century had excited the disgust, indignation, and agitation of Biddoes, and whole bodies of medical reformers in England and Ireland; but the Scotch, as usual, were too cold, the anti-reformers and gilders of rotten posts were in the ascendant, and the scheme failed. For the humorous history of the degraded, demoralized, and debased state of the profession, from H. viii. and the reformation of religion, medicine, and the restoration of learning, to the beginning of the present century, we must refer our readers to the amusing articles in the MEDICAL TIMES, (Vol. II., Nos. 43, 44, pp. 198, 210,) in which we have given the contemporary history, according to the precise statements of those who lived at the time, whose testimony we consider superior to presumptive evidence, and equivalent to the doctrine of general results. It was stated by Dr. George Mann Burrowes, a Fellow of the Royal College of Physicians, London, and an old and judicious reformer, in evidence before the Warburtonian Committee of 1834, that "the practitioners of medicine and surgery, commonly calling themselves general practitioners, in England and Wales, up to 1815, were ALL(!!!) *unlicensed!*" Whenever a regular system is voluntary, or a law is conditional and not absolute, very few men have ever been found in the medical profession to conform to it; very few have shown any such moral rectitude in themselves, or conscientious integrity towards the public or regular profession, as to pass through a regular education of their own accord, or at their own expense, and to give to society the proper props of their competency. At all events, whatever is voluntary or conditional in law, is never fulfilled, except by a few individuals of superior principle and conscientiousness.

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Dr. Burrowes stated, that "there were a *great number* of individuals practising as GENERAL PRACTITIONERS, who certainly had *not* received a *competent* education, and were therefore not acting in a manner creditable to themselves or beneficial to the public!" (*3rd Report of Select Committee, p.* 15.) "Persons were allowed to practise as surgeons or apothecaries, and as midwives, to dispense medicines, and to compound prescriptions in England and Wales, *who had never received any education to fit them to exercise those functions.*" Hereby the public were much *injured*, and the character of the medical profession was *lowered*. The object of the then Reform Association, to which Dr. Burrowes at that time belonged, was not only to reduce the number of those GENERAL PRACTITIONERS as they called themselves, who had been practising without having received any medical education at all, but to prevent them from practising altogether. The second complaint was, that there was no superintending power to examine into the qualifications of the persons entering upon those several branches of the profession; that in consequence of this lowering of the character of the general practitioners, it was exceedingly difficult to procure apprentices; that as the general practiser had *no legal right* to *charge* for *his attendance* on the sick, he was compelled to resort to an expedient for remunerating himself exceedingly revolting to the feelings of a liberal mind; that a most cruel system of farming the medical attendance on the parochial poor to the lowest bidder, without any regard to the proper qualifications of the party tendering, had become general. These were the five particular points that the practitioners pressed upon the attention of the Association."—(P. 16.)

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 22nd May, 1841:—

Epidemic, endemic, and contagious diseases	131
Diseases of the brain, nerves, and senses	127
Diseases of the lungs, and other organs of respiration	237
Diseases of the heart and blood-vessels	11
Diseases of the stomach, liver, and other organs of digestion	61
Diseases of the kidneys, &c.	1
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	2
Diseases of uncertain seat	77
Old age, or natural decay	51
Violent deaths	15
Causes not specified	5
Deaths from all causes	734

UNIVERSITY OF LONDON.—On Wednesday, May 26, the Senate of the University of London passed a resolution to the effect that all students who commenced their medical studies, either as apprentices, or in any other way, in or before January, 1839, will be exempted from the matriculation examination, whenever they may present themselves for the examination for bachelor of medicine.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE VI.

In the previous lecture, classes of animals were considered, possessed of distinct male and female organs upon different individuals, and therefore diœcious. The organs themselves were very simple but multiplied, and diminished in subdivision in ascending the scale. Thus, in the Asterias, there were ten ramified cœcal bags; in the Echinus, five; in the Sipunculus, two; and in the Holothuria, one.

ENTOZOA.—The class Entozoa contains animals possessed of very different degrees of organization. They have, consequently, been divided into two groups, *Cœlelmintha*, or Cavitaria, which have a complicated structure, with a distinct oral and anal opening; and *Sterelmintha*, in which there is no anal aperture, the alimentary canal being a simple hollow channel, or cavity, excavated in the substance of the animal.

The simplest among the Sterelmintha is the common Hydatid, a mere membranous bag, producing *gemmæ* upon its internal surface, which fall off, and then float freely in the fluid contained within the parent cyst. In the Acephalocyst, an hydatid found in the lower animals, the generation is exogenous, and takes place by the formation of buds upon the external surface of the parent; in the Cœnurus, the hydatid developed in the brain of the sheep, and giving rise to the disease called the "*staggers*," a single cyst is provided with numerous heads, which are produced by gemmation. The young Cœnurus is a simple sac, without any head, the head being developed subsequently, with numerous additional ones successively. In this peculiar mode of increase we are reminded of the growth of corals by incomplete fission.

The Entozoa are the only known instances in the animal kingdom of pure gemmation, independently of the production of ova. In the Cystocercus cellulosus and C. tenuicollis some granular corpuscles have been observed in the substance of the neck, which were thought, by Dr. Knox, to be the organs of generation. But observations upon the progressive stages of these corpuscles are wanting to prove their generative nature.

In a higher order of Sterelmintha the *Cestoidea*, or tape-worms, perfect generative organs have been described; and the situation of the external orifice of these organs has caused their subdivision into three groups. In the Tenia solium, the tape-worm, which infest the inhabitants of this country, the generative opening is placed upon one of the borders of each segment. In the Tenia Lata, the tape-worm of Russia and Poland, called Bothriocephalus from the peculiar formation of its head, the generative aperture occupies the centre of one of the flat sides of the segment. And in the third form, as in the Trinophorus, the opening of the female apparatus is situated in the centre of the flat surface of the segment, and that of the male upon the border.

Each of the segments of the Tenia solium, which may be taken as the type, is occupied by a dendritic ovary, containing numerous ova. No germinal vesicle has as yet been observed in these ova. Connected with the uterine tube, near its termination, is a tube which collects the secretion from a great number of radiated pyriform cæca, which constitute the vidamental apparatus, providing for the ova, previously to their exclusion, a peculiar secretion for surrounding and protecting them after their escape from the parent. At the bottom of the ramified ovary is a sac, which represents the vesicula seminalis, and receives the male fluid from numerous testes. Eschricht counted 400, and observed spermatozoa in the secretion. From the vesicula there proceeds an excretory duct, which terminates in a *cirrus*, situated close to the genital aperture, and serving the office of an intermitting organ, or penis. It is reasonable to conclude, that impregnation of the ova takes place previously to their nidification, by the insertion of the *cirrus* into the genital opening, and the intromission of the male fluid. For, it not unfrequently happens, that the uterine tube bursts, without excluding its ova by the natural opening, and the ova are dispersed in the surrounding medium—a phenomenon which is not unlike the distribution of the seeds of plants by *dehiscence*. Thus, in the Bothriocephalus punctatus of fishes, the greater number of the segments of the worm are cast off at the breeding season, like the seed-vessels of plants, leaving only the head, with a few of the upper segments, connected with the mucous membrane.

The order *Trematoda* is characterised by the presence of sucking pores, and in these the organs of reproduction are better known. Two of the genera, the Distoma hepaticum and Pingueola have been found in the human body; the former is rare, and the latter has been seen only once, imbedded in the structure of the ovary. In the Monostoma, infesting singing birds, the generative organs are very complicated. There are two ovaries, each containing many ovisacs, and two long oviducts, which convey the ova to an uterine sac, in which nidification takes place previously to their exclusion. The male organs consists of two testes and vasa deferentia, which lead to ramified vesiculæ seminales. The male and female genital pores are distinct. In the Distoma globiterum there are two ovaries, composed of a number of ovisacs, each containing the germs of from five to ten ova. The oviducs are extremely long, and gradually become larger, as do the ova, in their progress onwards towards the uterine sac, which opens upon the surface by means of two apertures. These ova are expelled in great numbers from the alimentary canal of Ruminants, and after their exclusion, a portion of the ovum, forming a kind of operculum, falls off, and the young escape. The Monostoma is viviparous as well as oviparous.

Professor Siebold, of Dantzic, has made researches into the mode of development of the ova of a Monostoma found in the air-tubes of marine birds. These ova were provided with a chorion and vitellus, but there was no appearance of a germinal vesicle. The yolk became granular during the development of the ovum, opaque towards the centre, and presented a central cavity. In this cavity was the embryo, which increased in size during the passage of the ovum along the oviduct. two dark eye dots were then perceptible, it moved freely within the ovum, and, upon reaching the terminal part of the oviduct raised the operculum, and escaped from the shell. It was now covered with vibratile cilia, it possessed two square-shaped eye specks, and was found to contain within its interior a number of parasitic animalcules.

Nordmann has observed the same peculiarity in the distoma of the perch. The young of the distoma hepaticum is also provided with vibratile cilia upon the surface of its body, and eye specks, both of which are lost in the adult when the animal becomes permanently fixed by its suctorial organs.

Cœlelmintha.—This order is chiefly composed of Nematoidea, or round worms, which have distinct sexes on different individuals. In the Linguatula, a worm which inhabits the frontal sinuses of the wolf and dog, the ovary is composed of numerous ovisacs, and is adherent to the internal surface of the dorsal integument. From these proceed two oviducts, which surround the œsophagus, and are joined by two other ducts, from two pyriform sacs, in which Mr. Owen has found spermatozoa. The common duct of each side then unites with its fellow, and they form together a single canal, which terminates near the anus. Dessing, however, has ascertained the existence of distinct males, in which two flattened bodies represent the testes, conveying their secretion by means of two vasa deferentia, which unite and form a single duct. The common duct communicates with a horse-shoe shaped body, the prostate gland, and then divides into two branches, which terminates in two intromitting organs.

In the Nematoid genera, the usual character of the vas deferens is a long single tube, which terminates at the base of the penis, as in the ascaris, and is more simple than in the linguatula, filaria, and gnathostoma. In the Strongylus gigas, a worm found in the structure of the kidney, the female organ resembles that of a male in its extreme simplicity, being merely a single tube. In the Strongylus inflexus which inhabits the air-

tubes, and has been found by Mr. Owen in the pulmonary artery and veins, and even in the heart of the porpoise, the generative tubuli are straight, and not longer than the body of the worm. In the male, the tube is very simple and bifurcates near its end, to terminate in two intromittent organs. The young of the strongylus are extruded alive from the parent.

In the Ascaris lumbricoides, each uterine tube is, according to Hunter, sixteen feet in length, and terminates by a short common duct, at about one-third from the anterior extremity of the body.

When a transverse section of one of these worms is made, fifty ova are seen to be arranged, on the same plane, in the form of a wreath, around the alimentary canal; and if this number be calculated by the length of the animal, the entire number of ova, and, therefore, the number of young, capable of being produced at a single birth, from the same parent, will amount to the astonishing number of 64,000,000. Each ovum possesses a central vesicle, which, in its passage along the oviduct, is gradually lost, and near its termination the entire vitellus is converted into granules. In the Filaria medinensis, the young differ in form from the parent, being somewhat blunted at one extremity, and sharply pointed at the other.

When we reflect upon the complexity of structure, the variety of form, as suited to different habitats, the astonishing number of ova, the great tenacity of life—for many of these entozoa resist the action of boiling water for several minutes, and sometimes come to table with the fishes they have infested, actually moving on the dish, and in the North of Europe still continue to live in fish which have been frozen for a considerable time—when we reflect upon the extraordinary powers of resisting decomposition, and maintaining life, which they possess, and upon the beautiful provision of a defensive covering, secreted by rudimentary glands,—must we not feel, that the all-wise and creative Providence has dispensed to the lowest, equally with the highest, the vital attributes which provide munificiently for their enjoyments as well as for their existence?

LECTURES ON FRACTURES.

SPLINTS v. NO SPLINTS.

Delivered at the Charlotte Street School of Medicine, by G. D. DERMOTT, Esq.

GENTLEMEN,—Having made my observations upon fractures generally, and commenced a description also of particular fractures in my three last lectures, I shall this evening speak of a proposition which was, some time ago, very strenuously advanced by a Mr. Radley, namely, the treatment of fractures without splints. This I deem to be the more necessary, as he made some little fuss about it, and was allowed to stalk over the field without controversy.

I shall confine my observations this evening to a few points. 1stly, How far can fractures be treated without splints?—2ndly, What is the best mode of treating fractures of the shaft of the os femoris?

It has been asserted by the advocate for the total abandonment of splints just named, that "every species of fracture which is curable with splints may be much better cured without them;" this I shall, at the onset, positively deny, and I maintain it cannot be proved—again, the same individual states, and I now make these quotations from his own article, "that mechanical aid should ever be passive, not active."

Now I cannot myself conceive in what manner mechanical aid can be passive, and not active; it may be one of Mr. Radley's discoveries, but it is above my comprehension; and as to the cases brought forward by him, I maintain that he has not by them established the fact that splints can be dispensed with advantageously in any cases where they have been hitherto used.

Let us examine his cases. With regard to his first, that of the peasant, he states "it was twelve weeks after the accident occurred (fracture of the thigh) when he first saw the patient, and that during that time the limb had been *tightly* splintered up, and the muscles, by compression, had lost their power of motion." I would here ask—Is this a plan of treatment which has ever been recommended by any of those who have advocated the use of splints? I reply, it is the abuse, and not the use of them—of course pressure so long kept up must tend, to a certain extent, to paralize the parts; besides, the case, when Mr. Radley came to it, was no longer a fracture, for the bone had perfectly re-united—he merely had to take off the splints.

The next case, fracture of the thigh-bone, bears as little upon the argument as the former, and must have been one of very rare occurrence, connected with some constitutional disturbance or peculiarity preventing re-union, or one of maltreatment—or why should the *splints* and tight *bandages* have been kept on for so protracted a period as *six months* in a case of simple fracture?

In case of fractured ribs, he states "splints are not applied, and yet the bones unite and heal"—bringing this forward as a strong case to support his argument. But in instances of this kind, I maintain the advocates for splints have a very strong point in their favour.

We know that splints cannot be applied, and we know that re-union takes place, but in what manner?—is it not in consequence of the impossibility of our applying splints that a most irregular reunion occurs—one end of the fractured bone projecting and overlapping the other?—but this is what he, I must say, quackishly calls "healing the bone."

Again he states, "In fractures of the clavicle I have never yet heard that the inventive power of surgical genius has designed a splint. Yet look at the situation of this osseous appendage to the breast and shoulders, close to air, and nearly uncovered; yet not unfrequently without surgical aid it unites, and a cure is perfected." Unites without surgical aid, and a cure effected—but I ask in what manner? Is the union even or uneven? I answer, uneven enough if treated with the common figure of eight bandage; but, on the other hand, the large pad in the axilla, the circular bandage and the sling, according to the most modern mode of treatment, will have the effect upon the two portions of the clavicle, which most splints have upon other fractures, viz., to keep up a certain degree of extension and counter-extension, the same means which first effected the reduction upon the two portions of the bone, whereby co-aptation is duly preserved, and disfiguration prevented.

He next brings forward, in furtherance of his argument, the treatment of fractures of the lower jaw, or, as he has it, "a fracture of the right inferior maxillary bone." (There may have been a lusus in the case to which he alludes, as it is *rather uncommon* for a man to possess *two inferior* maxillary bones!) He says, that "no surgeon would think of using a splint in these cases, and yet re-union takes place;" but I reply, *it is* customary to use a splint so as to apply mechanical support, or you would often have a positive deformity—wetted pasteboard is generally made use of, which drying, forms a mould, or a closely-adapted splint to the jaw; we also have recourse to a bandage for the purpose of supporting the anterior portion of the jaw, and for preventing the actions of the muscles displacing the fractured extremities.

He also brings forward, to support his argument, fractures of the cranium; he says, "long fissures and fractures of the bones of the cranium become filled up with ossific matter, and unite with common warmth and quiet without splinting." I need only remark, that the ossification of a fracture of the skull bears no analogy whatever to the re-union of cylindrical-shaped bones—the muscles not acting upon the portions so as to produce and keep up displacement, and moreover the regeneration of bone in a cranial breach proceeds very tardily; it is the process of years instead of months or weeks.

He also instances the case of an elderly gentleman at Exeter, with a fractured tibia about four inches above the malleolus internus. He says, speaking of this case, "I contented myself by saying, that the fracture *was well reduced*, adding, that in the event of his feeling much pain from the splint, it might be removed; after a short time the splint was removed, and not afterwards put into requisition." Now this is another made up case, not bearing the slightest degree upon the point. The fracture "was well reduced!" He does not say whether there was primarily any displacement, and it is more than probable there was not, and that, therefore, there had been no fracture to reduce; the fibula unbroken acting as a support on the external side, would prevent much displacement—under such circumstances everybody knows that splints are not required.

The same observation will apply to fractures of the fibula without the tibia—fracture of the ulna, without that of the radius—or fracture of the radius without that of the ulna—the unbroken bone operates as a natural splint to the broken one. After all the hubbub, I come to the conclusion, that Mr. Radley advanced nothing new whatever as to the proper treatment of fractures.

The next division of my subject, is the treatment of fractures of the shaft of the femur.

FRACTURES OF THE OS FEMORIS.

As the shaft of the Os Femoris, owing to its strength, must be broken by a considerable force, this same force is very liable to wound the soft parts of the thigh, if applied direct to the thigh, or may, in operating from below upwards, as in falls, protrude the extremity of the bone through the soft parts, when there will be, in either case, a *compound fracture*; or if the fracture is produced by a heavy weight passing over the thigh, as a cart or waggon-wheel, then the femur is smashed or ground into many pieces, and this is termed a *compound fracture*.

Any part of the femur may be fractured, but it is the middle third of the shaft which is the least supported by joints, most exposed to injury, and most usually fractured during the active period of a person's life.

The fracture may be either oblique or transverse, but generally it is more or less oblique.

The symptoms consist of considerable pain at the situation of the fracture, increased, together with a crepitus, upon moving the limb, or pressing it; also a deformity of the limb, because the muscles which extend from the pelvis to the lower portion of the fractured bone and the leg, draw the lower part of the fractured bone, the knee, and leg, upwards towards the pelvis; while the upper part of the fractured bone is also drawn somewhat forwards and inwards, by the iliacus internus, psoas magnus, and pectinalis; so that the inferior portion generally shelves behind, and rather by the outer side of the upper portion. There are great and frequent variations from this position, however, influenced by casual force applied cotemporarily with, or consequent to, the accident.

TREATMENT.

There are THREE PLANS *of treating a fracture of the middle third thigh-bone*, and which are very dissimilar. One is called *the lateral bent position*, or Pott's plan. The patient lies upon his side which corresponds to the fractured limb; the thigh is semi-bent upon the pelvis, the leg semi-bent upon the thigh, and the limb is laid upon its outside. A splint, a pad, and an eighteen-tailed bandage, are to be placed beneath the outer side of the thigh, extending from the hip to the outer side of the knee, and extension and counter-extension with coaptation being perfectly effected, the limb is to be laid upon the above apparatus; the lower part of the leg and foot being raised a little upon a small pillow, so that the whole of the limb forms a line slightly inclined. The soap plaster may be applied, and the ends of the eighteen-tailed bandage crossed over it and the inner (now the upper) side of the thigh; then another pad and splint must be applied and tied against the inner side of the thigh, extending from the groin to the inner side of the knee; moreover another splint must be applied against the fore-part of the thigh, and another against the back part.

This treatment was first instituted, and afterwards strenuously supported, both in precept & practice, by Mr. POTT, upon the alleged prin[ciple] of *relaxing all the muscles of the thigh*. But to analyze this assertion:—The muscles which

the leg, also, by a secondary action, extend the thigh; but the thigh is bent, so that these muscles can be only semi-relaxed: again, a very strong muscle which bends the thigh (the rectus femoris), also extends the leg; now the leg is bent so that this must be in a state between relaxation and elongation; whilst the other extensors of the leg, the vastus externus et internus and crureus, will be *tremendously upon the stretch*. There will be only two muscles perfectly relaxed (besides the short head of the biceps cruris); viz., the sartorius and the gracilis, which are both flexors of the thigh and leg; and the extensor muscles, which are fixed to the fore-part of the femur, and the strongest muscles of the thigh, will be in a state of rigid extension; consequently the muscles, taking them collectively, are not in a state of relaxation in the bent position; although perhaps there are more muscles nearly in a state of perfect relaxation than in the straight position of the limb, the lower portion of the bone will be still influenced and displaced *by all the muscles that are not perfectly relaxed*, and which cannot be effectually counteracted by the mere resistance of the short splints, or the position of the limb.

It is obvious that the coaptation of the fracture must be *preserved*, by the same means which *effected* the coaptation; viz., by keeping up extension and counter-extension; this can be done by DESSAULT'S celebrated plan, or the *straight position*, as it is termed; by which method the contraction of all the muscles is overcome and nullified by actual force, moderately, judiciously, continually, and equally applied to the whole of the limb. What POTT attempted to do by direct relaxation and posture, but which cannot be done by that means from the very manner in which different classes of muscles are associated in all movements, and from the manner in which different actions are combined and produced by the contraction of individua lmuscles; for whilst they are congeneric in their primary actions, they may antagonise in their secondary, or vice versa.

In DESSAULT'S plan the patient lies on his back upon a hard mattress, counter-extension is made by embracing the upper part of the thigh, at the pelvis, while extension may be made by embracing the lower part of the thigh above the condyles, or perhaps, what must be better, the lower part of the leg immediately above the ancle joint (as the French advise), whereby the surgeon will be operating upon the thigh with a longer lever, and the muscles of the thigh will be quite free from the pressure produced by the extension which would excite in them an increased state of contraction.

Coaptation being produced by these means, one long splint (called DESSAULT'S splint) is to extend along the outer side of the thigh and leg from the anterior superior spinous process to two or three inches below the maleolus externus; pads being placed in a judicious manner beneath the splints at the anterior-superior spinous process of the ilium, condyle of the os femoris, and ancle, to prevent its pressing too much upon those parts; the upper extremity of the splint is to be fixed by a strong band applied round the upper part of the thigh, immediately below the pelvis, its two ends slipped through a hole in the upper extremity of the splint knotted upon the semicircular niche (the two extremities of the splint being pierced like a mortice, each terminating also in a semicircular niche), compresses being placed beneath the band, and especially upon the tuberosity of the ischium, its chief bearing point, to prevent chafing; and another belt must then be carried round the lower part of the leg, its ends crossed upon the dorsum of the instep, subsequently upon the sole of the foot, next brought through the lower extremity of the splint, and fastened in the same manner as the one at the upper extremity. Now, as this lower fastening is shortened, and the foot drawn downwards, by that means, towards the lower extremity of the splint, extension will be increased, and the lower part of the fractured femur will be also drawn downwards, and, as this is done, so the upper part of the splint being fixed, and making a counter-resistance, will tend to press upwards the pelvis and the upper part of the femur.

Another splint, which however is only of a secondary use, and chiefly for the purpose of producing an equilibrium of support, is to be applied against the inside of the limb, extending from the groin to the inner ancle, and fixed by tapes; by which means the hip, the knee, and the ancle are rendered just as immoveable as though the thigh, leg, and foot, were one continued bone. Should, however, the straight position be had recourse to, Mr. Liston's long splint, extending from near the axilla to three or four inches below the outer ancle, is decidedly preferable to Dessault's; this I shall explain when speaking of fractures of the neck of the femur.

Besides these, there is a third mode of treating a fractured thigh, namely, with the DOUBLE-INCLINED PLANE. The patient lies upon his back, and the thigh and leg are supported each by an inclined plane, a cushion being previously placed upon them. The two planes being joined by a hinge, at an angle which is opposed to the ham, this angle, and the obliquity of the planes, can be either increased or diminished by a board that is set horizontally, which sustains the extremities of these two planes, and is graduated or notched for that purpose.

Besides this, there is sometimes a foot-board, the position and obliquity of which is graduated by the same means. The double-inclined plane, to be of any good, *operates upon the principle of extension and counter-extension*; the elevation of the angle between the plane, by increasing the obliquity of the latter, raises the ham, and this, with the weight of the leg, extends the thigh, or draws the lower part of the thigh bone away from the upper, while the weight of the trunk upon the mattress makes an equal degree of counter-extension upon the upper portion of the bone; besides, the inclined plane beneath the thigh, it is of benefit by throwing the lower portion of the femur forwards into a parallel line with the upper portion, which latter is drawn upwards forwards by the flexor muscles of the thigh implanted upon it, the psoas magnus, iliacus internus, and pectinalis. Some also apply splints to the limb, from the trochanter to the external condyle, and from the pubes to the internal condyle.

The foot-board is a most condemnable appendage when used to *support* the foot, as it counteracts the extending and counter-extending effect of the planes. On the other hand, when the foot is moderately drawn down and strapped to it by means of a belt, it does good, as it increases the degree of extension and counter-extension, and makes this plan of treatment quite equal in efficacy, if not superior, to Dessault's method.

Great attention must be paid to the patient daily, whilst using the double-inclined plane. Some thighs which I have seen negligently treated, and where the foot-board has been used unscientifically, have been full three inches shorter than the sound one.

Lastly, the double-inclined plane can be used best in the form of M'Intyre's splint—the thigh-piece of which is double, and by means of a screw one portion is made to slide upon the other—by thus elongating the thigh-piece, the extension can be increased at the option of the surgeon. The limb is bandaged to the splint from the toes upwards as high as the perineum, and then the roller is passed twice or thrice round the loins.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, May 28th, 1841:—

Ffloyd Minter Peek; John William Metcalfe; Thomas Jarmain; William Moe Culpeper; Walter Maynard; James Lewis; John James Pocock; Charles Benjamin Painter; Alexander Gordon Melville; John Cresswell.

Admitted Monday, May 31.

Henry Digby Mitchell; John Macnamara; William Henry Kent; Richard Williams; Richard Pitt; Michael O'Regan; Francis Drummond Gilbert; John Newcombe Day; Joseph Gillman Barratt.

MEDICAL REFORM.

To the Editor of the 'Medical Times.'

SIR,—The day appointed by Mr. Hawes for the second reading of the Medical Reform Bill, of all days of the year was, it appears, the *Derby day* at Epsom; only twenty members were present, and there was, as every Member of Parliament knew there would be (as it is always the case), *no House*. Surely this vile and insulting mockery will fully awaken the indignation of the profession.

There is not, I am sorry to say, a single man in the House of Commons or Lords yet found, both competent and willing to bring forward and duly support, in its progress, a bill of Medical Reform.

Messrs. Wakley and Warburton, for their long-continued apathy and treachery, already stink in the nostrils of the profession; after years of forbearance on the part of the latter, things fully prove that their professions have been insincere, and the profession no longer reposes in them a jot of confidence. Mr. Wakley, if he has not absolutely kicked down the ladder (the profession) which enabled him to obtain his present position as a Member of Parliament, (and that principally as our medical brethren supposed, for the purpose of effecting a removal of medical abuses,) has, at all events, turned his back upon the said ladder.

I deplore the apathy of the profession—and lament that so few petitions are given into parliament, which is solely attributable to a feeling of despair, and the disgust arising in the breast of medical men towards those who have proved false and treacherous agents, and upon whom they had placed, upon the strength of their swaggering promises and cant, implicit confidence.

Too much reliance, Sir, has been placed upon the British Medical Reform Association; the profession has been the more misled and deceived by it, owing to the manner in which reports of their proceedings have been "got up," with a show of doing something, when they have absolutely done nothing in the good cause. The Association, as so well shown by your worthy contributor "Probe," has been most vilely conducted, so as to occasion the independent members, and genuine reformers to retire from it altogether; this is the reason why so few compose it at present, and that it has now become quite a dead letter—the leading men in it are merely tools of a party in the House of Commons, and the committee are as exclusively looking after their own interests as any other self-elected cabal in the metropolis.

Provided Mr. Hawes's Bill is abortive, which Messrs. Wakley, Warburton, and Hawes, I firmly believe, know and intend that it shall be, (for it is truly obsurd to suppose that a One Faculty Bill can be carried, which would be tantamount to the *destruction* instead of the *reform* of our corporations)—up will then start Mr. Warburton, backed by Mr. Wakley with his Registration Bill—a bill most infamous in itself, having for its objects to tax the profession, without a remunerating advantage; to cement more strongly the walls of our obnoxious monopolies; to make bondsmen of the profession, and party-minions of those in professional power; to provide some snug berths as registrars, &c., for political favorites, and thereby add to government patronage; and to increase enormously the expense of medical education, excluding thereby merit from the profession, and compromising the lives of our fellow-beings.

Mr. Warburton belongs to a medical monopoly, he feels as a medical conservative, and now distinctly stands in the way of medical reform. Some half-dozen years ago, upon the question being put—why a bill was not intro-

duced? Mr. Warburton's invariable reply was —"fire—fire—fire!" Now, Sir, the face of the farce is altered, and we are very gravely informed, that "there is no opportunity to introduce a bill, and that the House being so occupied by more important business, cannot find time for its discussion."—More rascally nonsense than this was never uttered. What can be more important than the protection of the lives of the community? If two or three thousand pounds of the people's money were to be voted to any notorious pensioner upon the public purse, they would find time sufficient to do that. Why, Sir, have not these *excuse-makers* long since acquitted themselves before the medical public, by throwing the "one faculty" humbug aside, (the establishment of which, to the greatest novice in parliamentary matters, is palpably impracticable,) and by making a strenuous attempt to carry a measure for reforming our present corporations; in so doing, government *could not* have withheld from them its aid.

Mr. Wakley, Sir, by his promises and his indiscriminate censure of others, has reaped a *golden harvest* from the profession, and is indebted to it for the whole of this world's goods which he enjoys; he has been lavishly remunerated beforehand — and the return made by him during the six or seven years that he has been in Parliament is this, that he has sat still in the House, and has, in his capacity as member of parliament, absolutely done nothing towards medical reform.

Do not, however, Sir, let our brethren despair—the battle can still be fought, and fought well—they must close their eyes and shut their ears against these pretended Medical Reformers, who have, since 1834, proved themselves traitors to the profession, and have compromised human life—but let those of our brethren who are in circumstances sufficiently independent to enable them to do so, put this question distinctly and broadly to each parliamentary candidate at the ensuing election—"*Will you support a bill for throwing open the Medical Corporations and establishing the elective franchise in the profession?*" and let them give their support to no candidate who will not unequivocally and satisfactorily answer this question; a small knot of genuine reformers can draw out petitions and properly locate them for the signatures of the public, who have already proved themselves, in the metropolis at least, sufficiently ready and even anxious to sign them, when matters have been explained to them by their medical attendants—the same small band of reformers could easily, if they chose, frame a bill, and, I verily believe, make sufficient interest with their representatives, and other parliamentary members, to get it supported and carried in the House;—but to effect this, they must exert themselves, looking neither to the right nor to the left, nor having the sinister objects of emblazoning their names in a Journal, or seeking pecuniary advantages for themselves exclusively—but having a single eye to medical reform for the collective good of their fellow-creatures, and being determined not be led astray by the promises and antics of false friends or designing knaves.

This is the time for a small and active conclave to draw out petitions—to localise them for signature—and to frame a bill against the re-assembling of Parliament after the ensuing general election.

Sir, now is the time to prepare for battle, in order to obtain the advantage ground. Let each reformer depend upon his *own exertions*, not upon others, and the result *must be success*.

VINDICATOR.

PAY OF ORDNANCE MEDICAL OFFICERS.

16. The rate of half-pay for medical officers of our Ordnance shall, in every case, be determined by the service which he may have rendered upon full pay, and the circumstances under which he may be placed upon half-pay.

17. If a medical officer shall be placed upon half-pay by *reduction* of establishment, he shall be allowed the half-pay to which his services may entitle him, according to the following schedule:—

Rank of Reduced Medical Officers.	Rates of Half-pay after a Service on Full-pay of				
	30 Yrs.	25, but under 30 Yrs.	20, but under 25 Yrs	10, but under 20 Yrs.	Less than 10 Yrs.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Deputy-Inspector-General of Hospitals ..	1 0 0	17 0	0 14 0	0 10 6	0 8 0
Senior Surgeon.....	0 17 0	0 15 0	0 12 6	0 10 0	0 7 6
Regimental Surgeon	0 15 0	0 13 0	0 11 0	0 8 6	0 6 0
Assistant-Surgeon....	0 7 6	0 7 0	0 6 0	0 5 0	0 4 0

18. If a medical officer shall be placed upon half-pay from any other cause than reduction of establishment, he shall be allowed the half-pay to which his service may entitle him, according to the following schedule:—

Rank of Retired Medical Officers.	Rates of Half-pay after a Service on Full-pay of				
	30 Yrs.	25, but under 30 Yrs.	20, but under 25 Yrs.	10, but under 20 Yrs.	Less than 10 Yrs.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Deputy Inspector-General of Hospitals..	0 18 0	0 14 0	0 10 0	0 8 0	0 7 0
Senior Surgeon.....	0 16 0	0 13 0	0 9 6	0 7 6	0 6 6
Regimental-Surgeon	0 15 0	0 11 6	0 8 0	0 6 0	0 5 6
Assistant-Surgeon....	0 7 0	0 6 0	0 5 0	0 4 0	0 3 0

19. Every medical officer who may have served upon *full-pay* for twenty-five years and upwards, shall have the right to *retire* upon half-pay, and may be recommended for the rate assigned to his rank and service in the schedule annexed to the 17th Article, provided he shall have served three years in the rank from which he retires; but if he shall not have served three years in such rank, he shall receive only the rate of the rank from which he was last promoted.

20. If a medical officer shall have served thirty-years on full-pay, including three in the rank from which he retires, or not having served such three years, shall have served ten in the colonies, or five with an army in the field in any rank, he may be allowed the rate of half-pay assigned to his rank in the schedule annexed to Article 17; but it is not to be understood that this clause is intended to convey any authority to place any officer in retirement immediately subsequent to any promotion he may obtain.

21. On the retirement of the Director-General, after thirty years' service, if occasioned by disease contracted in the service, or by age or infirmity, his claim (according to the length and nature of his service) is to be submitted to us, as heretofore, by the Master-General of our Ordnance.

VETERINARY SURGEONS.

22. The rate of half-pay for a Veterinary Surgeon shall be regulated by his service or full-pay, according to the following scale:—

If above 6 & under 10 years' service 4s. 6d. per day.
—— 10 —— 20 —— 3s. 6d. ——
—— 20 —— 25 —— 7s. 0d. ——
—— 25 —— 30 —— 8s. 0d. ——
30 years' service ..... 12s. 0d.

23. If a Veterinary Surgeon be reduced before he has completed six years' service on full-pay, he shall be allowed only a temporary half-pay of 3s. 6d. per day for three years, and be subject of course to a recall to employment during that period.

24. Every Veterinary Surgeon who may have served upon full-pay for 25 years and upwards or who may have served for 20 years, provided he has passed five years abroad, shall have the right to retire upon half-pay at the rate assigned to those periods of service in Article 22.

THE PHARMACEUTICAL SOCIETY.

A MEETING of several physicians, surgeons, and druggists, was held on the 12th of May last, at the house of Mr. Jacob Bell, who read to them a paper on the constitution of a Pharmaceutical Society. This Society has been established; its ultimate objects are—

"The union of the chemists and druggists of Great Britain into one ostensible, recognised, and independent body—the protection of their general interests, and the advancement of the art and science of pharmacy."

For the attainment of these objects, a school of pharmacy is to be established, and a regular course of study is to be instituted for the members of the Society, and more particularly for those who will in future enter on the business of a chemist and druggist. The Society also proposes to assemble periodically, for the purpose of scientific discussion, and reading papers on such matters as relate to their daily avocations and researches. In thus founding a scientific body for the improvement of pharmaceutical chemistry, Mr. Bell disclaims all idea of interfering with the Apothecaries' Company, and observes that,

"If apothecaries and druggists would, with a desire for mutual benefit, meet together and adjust their grievances, in such a manner as to obviate the evils complained of on both sides, the result would tend to extinguish all existing jealousies, and promote the harmony and prosperity of the profession at large.

"So far from placing chemists and druggists in an invidious or adverse position with reference to the medical profession, the obvious *tendency* of the Pharmaceutical Society will be to separate pharmacy from the practice of medicine, by placing it on its own basis, and upholding it on its own merits."

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES.

EXTIRPATION OF THE SUB-MAXILLARY GLAND.

BARON LARREY read a report on this case, which was communicated by M. Colson. The patient had been affected with cancer of the lower lip, accompanied with a large tumour under the jaw, which was supposed to be a lymphatic gland. On attempting to remove it, however, it was found to be the sub-maxillary gland, changed into an encephaloid mass. The operator was compelled to divide the lingual branch of the fifth nerve, and the submental artery. The patient recovered.

NERVES OF THE UTERUS.

M. Jobert read a memoir on the nerves of the uterus. The author appears to have been entirely ignorant of the work of our countryman, Dr. Robert Lee, on the same subject. Amongst other facts, M. Jobert notices the total absence of nerves in the projecting portion of the neck of the uterus, and hence concludes, that it is devoid of sensation, an opinion quite opposed to that of most practitioners. (In Dr. Lee's plates, the neck of the uterus is seen furnished with numerous nerves.) Having laid down this fact, M. Jobert deduces from it several conclusions relating to the treatment of diseases of the cervix uteri. He cites several cases, to show that if we take care to protect the adjacent tissues, we may employ the actual cautery to the neck of the uterus without exciting any pain. M. Jobert affirms that the nerves of the uterus never undergo any change at different periods of life, and points out the causes which have led some anatomists to believe, erroneously, that they become enlarged during utero-gestation. In support of this opinion, M. Jobert presented several plates of the nerves in young females, in old women, and in females at the different stages of pregnancy, and infers from them that in these different states the uterine nerves are constantly the same.

TO CORRESPONDENTS.

RECEIVED—

The Ear, its Structure and Disease. By A. Sutherland, M.R.C.S. Pp. 54. Tyas, Paternoster Row.

Fallacies of the Faculty. Second Edition. Pp. 328. London: Simpkin, Marshall & Co.; Oliver & Boyd, Edinburgh; Andrew Millikin, Dublin.

A Correspondent asks—"Whether any Medical Bookseller in Town keeps any authorized forms of Statistical Registry of Cases, with the ruled lines and the proper heads for entering Names, Cases, Results, &c., according to Mr. Farr's plan, or the Military Reports; and if so, to give his name and address?"—Perhaps some of our numerous Correspondents will oblige us by answering this question.

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THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. VIII.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

WE are glad to see that "holders of foreign diplomas" solely, but not compulsory, are examined occasionally at the Edinburgh Colleges, as in France. Hen. viii., in his laws for the surgeon-barbers, warned them against these *fellows* and all foreigners. All the remaining dub-stamped doctors, German and Heidelburgh diplo-mongers, who have anticipated their *honorary* degrees to come out, some fine morning, with Scotch and Foreign DUB-STAMPS, as usurping physicians, should be provided against by the NEW BILL, either by severe examination, as in France, or absolute prohibition from practice. Regular educated and licensed physicians are too numerous to live already, without being protected against by the competition of those "ASSES OF ÆSCULAPIUS," on whom, as well as other *animals*, Aberdeen, St. Andrew's, have formerly lavished, and poverty-stricken Heidelburgh does now lavish her DUB-STAMP rchments *pro mercede* et *vili pretio*. [*See Dr. Elliotson's Evidence, Report, Vol. I., Medical Committee, H. C.*]

Let it be understood, fairly and clearly, that we do not propose the total abolition of all colleges and corporations in France, in 1793, as an example for English Reformers to copy, although we do not accede altogether to the rule, or rather *cant*, that every example which is "revolutionary" and "unconstitutional," so called, should never be adopted; neither do we mean to insinuate the demolition or abolition of the College of Physicians of London, which has the associations of age and veneration, and "troop of friends" with her, however the Old Lady may have disgraced her grey hairs. These certainly entitle her to public deference and professional forbearance to a certain extent. We, and a long line of our ancestry, have been so connected with Oxford and Cambridge, so associated with the bright scholars and gentlemen, as barristers, clergymen, and physicians, who thence have sprung and plumed their ample pinions, that we should be sorry to see the College of Physicians dissevered from them for ever, and laid prostrate in the dust. But we insist upon it that re-construction or re-organization, or, at all events, constitutional modification, regulation, and improvement of her whole system, are indispensably requisite, after Dr. Hardy's, Dr. Kidd's, our own views, and the oldest and best example, that of the College of Physicians of Edinburgh. Her pride will of course lead her to shout "nefas corrigere!" but her will must not be regarded by the Reformers.

Neither the College of Physicians of London, nor any other corporation, whether College or Hall, after the lesson which experience of their conduct has taught us, should be intrusted, in the case of a liberal, comprehensive, and efficient reform, any more with powers to confirm or reverse the solemn decrees of university schools, preside over examinations, and dictate the polity and government of the profession. If it may not devolve, for sufficient reasons, on the Universities, which furnish professional instruction and all the proper qualifications to make examinations and grant degrees, the supreme control and executive of the profession, as well as the office of examinator should then be placed in a REPRESENTATIVE body or BODIES, the very reverse in constitution of CLOSE, IRRESPONSIBLE, BY-LAW-MAKING, self-legislating corporations.

Whenever the substance and the body of the profession demand the revocation of a charter made 319 years ago, and no longer applicable to the present state and circumstances of society, or the wants of the community of medical men, the Government of the country will be bound to yield to their *reasonable* demands. We are obliged to Dr. Cowan, of Reading, for his masterly exertions against Quackery, but we regret to see him distracting counsel not "by words without knowledge," but by adhering to the argumentum et *antiquitatem* in favour of our old institutions. It is now quite a solecism and "non sequitur" in logic. No staunch to the back-bone Reformer will ever admit that a thing is good merely because it is old. The negro, when his pig was taunted by his neighbour as being very lean and diminutive, quaintly defended his protegée by the same condition—"Ah! but he is very *old*." From the time of the Puritans and the Covenanters, all Reformers have repudiated the plea of antiquity as a reduction to absurdity, which enchains and rusts the reason of man no longer.

It was singular that Beddoes, a vigorous and sincere reformer, whose head was *volcanized* with the principles of the first French revolution, should have derived so little advantage from the knowledge of its final good results, and its advancement of France by a century apart from its anarchy, convulsion, and bloodshed; that he should have narrowed his views of medical reform to the petty government of a close corporation, instead of a more liberal and representative system of high control. But Beddoes was a professor of Chemistry at Oxford, and, as we believe, Fellow of the Royal College of Physicians of London. There is something consequent to the coming out of the atmosphere of old corporations and colleges, that seems to contract and poison every liberal and expansive principle of the generous mind, and to pervert the hearts of all who sniff up the selfish and tainted gale which they respire. Sir Arthur Faulkner, who is a liberal in politics, and a medical reformer, who is one of the last fellows of the London College, and who wrote on this subject, was exactly in the same dilemma. He arrived in England from the Continent, full of the contrast which he observed that the liberal medical institutions of France presented comparatively to the oppressed and saturnine state of the profession in England; yet he terminated a fearless exposé with a panegyric upon a narrow-minded corporation, of which he is a worthy member. How selfish, how inconsistent the acquired prejudices of man! He afterwards addressed a pamphlet to the College, in which he conferred his censure upon it with much freedom, but to what exact purport we do not now know. We never saw it, but as it came out about the time that the College embarrassments were made known to the fellows, it might have alluded to the causes of those untoward circumstances, and perhaps some stringent call on his purse. Nothing can show the remote causes of the rapid decline of the College in professional regard and consideration more than the inherent insolvent state of its affairs, of which the Lancet is continually reminding it.

The medical and surgical corporations and the Reformers seem now to be on the eve of open war with each other. The Colleges of Physicians and Surgeons, and the Society of Apothecaries of London, as well as the Glasgow Faculty and University School of Physicians and Surgeons, and the Dublin Society of Apothecaries, have issued their several manifestos. They are, as might be naturally expected, extremely tenacious and retentive of the superior power, which they have always exercised and so much abused by sins of omission and commission. They all desire to re-

tain the governing power, and supreme contro of the profession, in its three divisions. The Colleges of Physicians and Surgeons of London have declared that they will resist the INDEPENDENT INCORPORATION of the profession, and the adoption of the REPRESENTATIVE PRINCIPLE. Mr. Guthrie says, that representation is "arsenic" to the College of Surgeons? The College of Physicians will not sanction the amalgamation of the existing orders of the medical profession into one FACULTY; and the consequent extinction of that *salutary* division into physicians, surgeons, and apothecaries, which has, in the opinion of the College, contributed for so long a period to promote the usefulness, and uphold the scientific character, of the profession. They also reject the proposal to form a council in each kingdom, to be elected by the votes of the whole profession. But the College professes to sanction such measures as will ensure for physicians a high grade of education, uniformity of qualifications, and protection of their interests, and will cordially co-operate with a similar object with respect to the surgeons and apothecaries."

These bodies seem to differ in their proposals. "The College of Surgeons of Edinburgh, while it contends for the preservation of existing colleges in their right of examining, is favourable to an INCORPORATION of the PROFESSION in each division of the kingdom." (*Dr. Cowan, Conference of Medical Peform, March* 1, 1841); also the University or College of Glasgow, (*March* 10, 1841—*see Medical Times, No.* 86, *May* 15, *Vol. IV., p.* 71,) deprecates the election of a REPRESENTATIVE body, and objects that the best qualified candidates would not be chosen; that if elected they would not attend; that those candidates would be elected, who had neither the confidence of the profession nor public; that a representative incorporation in one faculty would supersede all the existing licensing schools, and British medical schools, except those in the capitals of the United Kingdoms, and confine the licensing to these three cities exclusively, or to London alone. That, in their judgment, a new and permanent board, having power to control the medical corporations and universities, would be highly objectionable, and uncalled for. They would, therefore, leave the corporations in full power. They also object to those local privileges of particular corporations to confer legal qualifications, and practise in particular districts to the exclusion of others, however highly qualified. Now, this last objection it meant to hint a fault, and hesitate dislike of a distinct body from the University, the Corporation or Faculty of Physicians and Surgeons of Glasgow, (*see Medical Times, Vol. III., p.* 114, *or Vol. IV., p.* 33,) to which we have before referred our readers as having claimed from court to court their peculiar right to a monopoly of practice within a certain jurisdiction of Glasgow, and obtained ultimately from the House of Lords a decision, by which they have recovered their ancient power since the days of James IV. of Scotland and I. of England, to prevent irregulars from practising within their jurisdiction, and to weed out and extirpate quacks, which they have most effectually performed greatly to their credit, and honourably to themselves, and thereby by doing their duty have set an example to the London and other Colleges who have not done their duty, and vindicated and enforced the laws intrusted to them for the eradication of irregulars and quacks.

The Glasgow University is, however, liberal enough to propose equality of privileges, an equal footing of the graduates and licentiates of all medical corporations, or of any of the established corporations in any part of the United Kingdoms, without two examinations or licenses.

The Apothecaries Hall, Ireland, (March 5, 1841), recommends a full and comprehensive reform, through the concurrence of the different medical corporations: they admit the faulty constitution of existing corporations, but they deny that they have operated injuriously; they propose that they may be adapted to the wants of the profession, and not superseded or annihilated; they assert, that the corporations have provided well-educated practisers in every department of the healing art; that they object to ONE FACULTY of MEDICINE in place of a TRIPARTITE REPRESENTATION; that they wish to see removed the irresponsible constitution and unequal privileges of the corporate bodies, and desire to have uniformity of education and reciprocity of rights among the members of the respective departments in the three kingdoms; that they desire a full extension of corporate rights and advantages to the licentiates belonging to each branch of the profession; that they wish for uniform courses; that they approve of a General Board of Control and Superintendence in each kingdom, composed of an equal number of representatives from each branch of the profession, to regulate education, appoint censors for the different boards of examination, and to grant licences for practice, (but not to examine,) those presenting diplomas from the different corporations, to keep and publish registries of the qualified, and to act as a court of appeal and board of health in general; that they wish diplomas of physicians to be granted by Colleges of Physicians and Universities, of surgeons by Colleges of Surgeons, of apothecaries in pharmacy by the Apothecaries' Hall, and for general practice, the diploma of the College of Surgeons and their own. They propose the exclusive eligibility of regulars and licentiates to army, navy, and public institutions, and improved measures for the recovery, by licentiates alone, of professional charges. [*See* MEDICAL TIMES, *May* 22, *Vol. IV. No.* 87.] We can bear our testimony to the zeal and activity of this body, in repressing irregularity, both in respect to druggists and others—to the severity and propriety of their examinations—to the outcry and abuse to which they were subjected—and to the impositions which were sometimes practised on them, by one man going up and passing for another. While we were members of Trinity College, in 1827-8, we were observers of these circumstances.

THE CONFESSIONS OF JASPER BUDDLE DISSECTING-ROOM PORTER.

CHAPTER XXIII.—HOW SWUBS AND OKES MET AN OLD ACQUAINTANCE.

(Continued from p. 100)

"THE people at the Hotel will be a little more particular about their English lodgers," remarked Huggles, as they turned round the piazza of the Odion; "they have been regularly taken in this last week."

"Who by, Huggy?"

"Two students from Bartholomew's, who had been living a little too fast. I think their names were W—— and J——, but I am not quite sure. They hired a room next to yours, number 16 *bis*, and went on tolerably well for the six weeks they were there. At length one morning last week, the *garcon* went up to their room to take in some bills which had been sent them for payment from a bootmaker in the Rue de Tournon, and a tailor in the Passage Colbert, and was astonished that he could not make anybody hear. He went down to the lodge for the key, thinking they had gone out, but the key was not there; so after a consultation with the master of the hotel, it was agreed to break open the door. The people of the house thought the students might have smothered themselves with charcoal for love, or something of the kind, for you know the French are always up to their games in that line, and they give everybody credit for the same propensity."

"And had they killed themselves?" asked Okes, quite innocently.

"Will you oblige me by repeating that question once more?" returned Huggles. "Had they killed themselves! Did you ever know a medical student in love with any one beyond the daughter of the day-nurse in the accident ward, much less inclined to kill himself for the same reason! Bless your duodenum! they'd cut off, as clean as a scraped scapula, and left nothing behind them in the room but an empty bottle, two old hats, and three boots without soles."

"I wonder how they contrived to carry off all their luggage without being seen," observed Swabs.

"Oh, in various ways. They put their shoes and shaving-tackle in their hats, and wore six shirts and three pair of trowsers at once. As they took their things away, they left them at a friend's lodgings in the Rue de Vaugirard against their departure, and by this time, I have no doubt, are safely arrived in England."

"They ought to have sent to the diligence-offices to have stopped them from quitting Paris, if they had been wide awake at the hotel," said Okes.

"They did do so," rejoined Huggles; "but the birds had flown the night before. We heard they had set the telegraph to work after them, but it was no go, and I have christened the two towers of St. Sulpice, where the telegraphs are, W— and J—, in compliment to our countrymen."

They loitered down the Rue de Seine, and, crossing the Pont Neuf, with its motley crowd of passengers, shoeblacks, dog-clippers, cat-emasculators, and pancake-vendors, all of which formed a fund of the keenest entertainment to Swubs and Okes, the trio turned off along the Quai des Orfevres, until they came in front of a small building on the side of the river, which had somewhat the size and general appearance of a railway-station. A large door was opened at the side facing the street, and people were thronging in and out with an expression of subdued anxiety, that betokened the presence of some object of interest in the interior.

"This is the celebrated Morgue," said Huggles, who, with a tolerable knowledge of French, and the assistance of Galignani's 'Guide,' was really very well acquainted with the sights of Paris. "It is the place where all bodies, who are found under suspicious circumstances, or unclaimed, are placed to be owned."

They entered, and found themselves in an apartment, level with the ground, about twenty feet square, with an additional room on their left, divided from the spot where they were standing by iron gratings. Elbowing their way through the crowd that surrounded the *grille*, they distinguished three bodies in the inner chamber, lying on black slabs, and quite naked, with the exception of a piece of oil-cloth over the pubes and iliac regions. One of these had a deep wound in the thorax, and was to all appearance fresh and unoffensive; but the other two were in a dreadful state of putrefaction, having been taken out of the Seine after a long submersion. The abdomen of each was swelled to an enormous size, and all colours of the rainbow; the nails had fallen from the fingers and toes, and a fountain of water was playing over both of them, to preserve them, as well as it was practicable, in such an advanced stage of decomposition.

"This front one has had an awkward dig," said Okes. "Do you think he has been murdered?"

"I have no doubt of it," replied Huggles. "There is a reward given to whoever finds a body in the Seine and brings it here, and, in consequence, rascals have been known to stick a man and pitch him over at the Pont Neuf, and then go down to the Pont des Arts and pick up the body when the stream brought it there. If ever you are out late in any of the retired streets of Paris and have to cross the water, take a cab. Now, mind this advice, and don't run the risk of walking by yourself."

At this period Mr. Swabs burst out into a loud laugh, without any apparent reason, which unseasonable gaiety in such a grave place much excited the ire of an old fishwoman by his side, who called him a "*sacre polisson*," and walked off out of such bad company.

"I was thinking," exclaimed Swubs, in answer to the inquiry of Okes and Huggles as to the cause of his mirth, "I was thinking, if I was to take a run and a jump at either of those balloon-bowelled beggars at the back there, what a bang they would go off with when they burst!"

"Only I should like to get clear off before you begin, if you are thinking of indulging in any such gymnastic performance," observed Okes, "because I think the escape of gas would be too much even for my nerves."

"Are there always stiff'uns to be found there?" inquired Swubs, as they left the building to get into the fresh air again.

"Stiff'uns!" exclaimed Huggles; "no, scarcely ever—they are as limp as a pancreas."

"Nonsense, Huggy, you know what I mean. How many bodies do they calculate to arrive there in a year?"

"About 300 upon an average, of which the greater portion are suicides. Three-fifths of the number are generally recognised."

"And those which are not claimed—"

"Go to the anatomical schools for dissection, or to the cheap restaurateurs for *vol-au-vents*, I am not sure which."

It may be imagined that three or four hours passed quickly away, as our heroes wandered about the streets under the guardianship of Huggles, uttering perpetual exclamations of delight and astonishment at the variety of strange objects that presented themselves to their gaze at each step, and kept them in one continued state of excitement. It was only the itory craving of their stomachs that reminded them of the approach of dinner time; and, by way of introducing them at once to some hundred or two of French students, their guide proposed that they should dine at Antoine Viot's, in the Rue de la Harpe. They accordingly retraced their steps across the water, and, threading some narrow and dirty streets, constantly kept damp and muddy by a perpetual gutter of water running down the middle, they arrived at the door of this renowned *restaurant*—an eating-house so well known to all who have studied in Paris—whose plates of meat at six sous, and vegetables at three, will doubtless come so green upon the memory of all these who, like the writer of these pages, look back with a retrospection teeming with such joyous and devil-may-care associations, to their sojourn in the old Quartier Latin. To those who have not yet crossed the water, Jasper Buddle will endeavour to render a true picture of the Paris student's life. To those who *have*, and who, moreover, have dined at Viot's, he will offer his hand in honest friendship, and beg they will once more accompany him, in their mind, to some of the more favourite resorts for sport or study which they once loved to frequent—the Prado, Tonnelier's, the Clamart, the Chaumière, the Cafe Dupuytren, the Bal Masqué, the Ecole Practique, and lastly, perhaps—he writes it with fear and trembling—the Corps du Garde and Prefect of Police.

Huggles and his companions entered the restaurateur's, as the door slammed after them with a noise resembling the crash of a brass band. It was a large room, covered with detached tables, at which numbers of students were despatching their nineteen sous' meal. Some of these gentry had cropped their hair as close as Jack Sheppard's; others had it flowing in long curls upon their shoulders; others, again, wore bright scarlet caps, and nearly all cultivated mustachios and pointed beards. Waiters were hurrying about carrying so many different dishes, that if there was a wonder how they recollected who the various viands were for, it was only exceeded by the marvel that they did not all tumble down together. In the centre, a short rotund man, something like the doctor in Punch's show, was cutting up rolls of bread a yard long into manageable pieces, as if his life depended upon his exertions, and this was the immortal Viot himself, who, although some of the wicked little *grisettes* were rude enough to call his establishment "the poison-shop of the Rue de la Harpe," nevertheless appeared to thrive upon it. A very nice-looking woman was taking the money at the *comptoir* near the door, to whom Huggles bowed as they entered, and then led his companions to an unoccupied table at the end of the room near the kitchen.

"Always remember to lift your hat when you enter a cafe or a restaurant in Paris," said he to his friends when they were seated; "you will see everybody else pay you the same compliment, and it is but fair that you should return it."

"*Un crouton, deux Juliennes, un bœuf au choux, un riz au lait, deux œufs à la coq, une Polonaise au pois, un vol-au-vent à la financiere!*" cried a waiter, with lungs that must have been made of Indian-rubber gas-bags.

"Ho!" shouted the cook in reply, with a prolonged note, as he thrust his head through the door of the kitchen, undismayed by the clatter of the dirty plates which were rattling down an inclined plane at his side, like luggage from the roof of a railway carriage.

"Did you ever see the kitchen, Huggy?" asked Swubs, when he had recovered a little from the novelty of the scene around him.

"I should think not," was the reply; "no, anything but that—I couldn't stand it. What are you going to have?" he continued, as one of the *garcons* clattered down a knife, fork, spoon, and napkin before each of them, all of which he appeared to produce from the side-pocket of his jacket.

"I leave everything to you," said Okes; "we are entirely at your mercy, and if we are to be poisoned, or made sick, you will is our law."

"Very well, then; we will commence with beefsteak and potatoes, as the most intelligible dish for new comers. *Pierre! trois bifteks aux pommes, et une bouteille de vin rouge.*"

Several of the neighbouring students turned round as Huggles made this announcement, and looked at him with a little astonishment.

"Do you know what they are staring at?" he asked. "It's because we ordered wine—a beverage almost unknown to Viot's customers. They are all teetotallers here; so must you become—only this is your first day."

"I should like a pot of stout," mildly remarked Swubs.

"I wish you may get it," said Huggles. "You can have a bottle of beer; rummy stuff to froth, and exceedingly like ——."

Never mind what the simile was which Mr. Huggles used; it will suffice to say, it bore some analogy to the name of a cascade in Switzerland, between Martigny and St. Maurice. The conversation was here cut short by the appearance of the dishes ordered.

"A fine slice from a horse's glutæus maximus," observed Okes, as he cut his steak in half and held it on his fork for closer inspection.

"Never mind," said Huggles; "you'll learn to eat anything by the time you get home again—and what's the odds if you thrive upon it. I never knew how nice cats were until I came to Paris. You would be surprised how remarkably well they jug."

"There are several English students here, are there not?" inquired Swubs.

"Very many," replied Huggles; "you may soon spot them, and they have precisely the same things for dinner every day. Look, now, at that man coming in with the regular Bread-street bile. His name is E—, from the London University. He always orders rice milk and maccaroni, and reads Quain all the time, propping it up against the water-bottle."

"And those two in striped blouses?"

"Two of Granger's men; regular boys for a lark, and immense consumers of cutlets and French beans. They have been here three months, and don't know where the Hotel Dieu is yet."

"And those three nearer the window?"

"They come from the Middlesex, and live in the Rue de Vaugirard. You will always find them at the Prado balls, and now and then outside the Barriere du Mont Parnasse. The fair one with the long hair used to sing at the Haywarden, at the time of the London University Harmonic Meeting. The other two are brothers—Irishmen, I believe—and damned jolly chicks as ever lived."

Notwithstanding their prejudices, Swubs and Okes contrived to get through their steaks with tolerable celerity. They next ordered some *pommes sautes*, a kind of fried potatoes with some kind of indescribable gravy poured over them, and which were pronounced excellent. Some fruit and preserves followed, and they finally agreed it was possible to dine just as well in Paris as you could in London, with the advantage of doing it at half-price.

They now rose to depart, and Huggles paid their reckoning for them to save trouble, which, including the bottle of wine, did not come to much more than thirty sous each.

"And now," he said, "we will have a cup of coffee at the Palais Royal, and finish with a franc's worth at Franconi's, in the Champs Elysées."

ROCKET.

(To be continued.)

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MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Williams, President. 'Colica Pictonum treated with Warm Water. By John Wilson, Physician to the Middlesex Hospital.'—In this paper the author, after referring to the complicated treatment of the disease pursued at the Hospital of La Charité, propose to illustrate two of the remedies there in combination, namely, enemas and hot baths. In six cases of colica pictonum, some of them of much severity, and complicated with paralysis, Dr. Wilson has employed enemata, administered in the hot bath, in one case by the patient himself, and consisting of the water of the bath.

The effect of this combination has been very successful, both in regard to the symptoms of pain and constipation, and to the paralysis, where that existed. In the course of his statement, the author notices the presence of looseness of the gums, blueness at their edges, and a fœtor like that of mercury, when none had been taken; and informs us, that he has noticed this latter circumstance in other cases of colica pictonum.

He next details a case of constipation, not attributable to lead, in which the above remedies had proved equally successful.

In some of the above cases the treatment is used alone, in others it is followed up by doses of the soap and opium pill; of castor-oil with tincture of opium; or with a solution of sulphate of magnesia and carbonate of magnesia in mint-water.

'Results of Amputations at University College Hospital. By John F. Potter, Esq.' Communicated by Mr. Liston.—Feeling that the only chance of arriving at any safe and satisfactory conclusion in medical statistics depends on the number and accuracy of reports and cases from which such conclusions are to be drawn, the author has examined the report-books of University College Hospital, and collected all the cases in which amputation has been performed since the opening of the institution, on the shoulder, arm, forearm, wrist, thigh, and leg. These he has arranged in the form of tables, and has subjoined a few remarks on the mode of amputation which has been adopted, and the method of dressing which has been observed.

The number of such cases, from the last day of June, 1835, to the termination of the year 1840, has been 66, and of these 56 proved successful; whilst ten have been attended with fatal results, at a variable period of time, after the performance of the operation.

Of the sixty-six cases, eleven were subjected to amputation, on account of severe compound fractures, and other injuries, within twenty-four hours after the occurrence of the accidents. Of these, three terminated fatally in seven, eleven, and forty-eight days respectively. In the first of the three both legs were amputated. The remaining seven cases recovered in periods varying from twenty-three to one hundred and forty-six days.

In the remaining fifty-six cases amputation was performed on account of long-standing disease, or for injuries in which an attempt had been made to save the limbs. Of this number only seven died. The statistical part of the paper is followed by observations at some length on the mode of amputation, and the system of dressing stumps pursued at the hospital.

Mr. Petty inquired whether, in Mr. Liston's mode of performing the flap operation, by making the flaps in a direction transverse to the limb, the division of the arteries in an oblique direction was avoided? In many cases which he had seen, in which the vessels had been divided in an oblique direction, much difficulty had been experienced in taking them up, but he had never seen flaps made so directly across the limb, as was the case in the instances recorded in the paper.

Mr. Liston remarked, that his chief reason for forming the flaps in the manner mentioned in the paper, was the production of a good stump. He had never seen the femoral artery cut very obliquely, and had never found any difficulty in securing it. When cut at all in an oblique direction, it was always sufficiently easy to dissect the vessel a little back, towards its origin, before the ligature was placed around it. He thought, however, that the disadvantages said to result from cutting the arteries in an oblique direction, were more imaginary than real.

Mr. Rutherford Alcock would not enter very fully into the subject under discussion, as his views in reference to it were already before the profession. He should, therefore, confine his observations to a few points, having reference to the different modes of amputating, and their influences upon the case; these were best considered under certain heads; such, for instance, as the comparative mortality; tendency to exfoliation; the convexity of stumps; tendency to phlebitis; and the risk of secondary hæmorrhage incurred in the two kinds of operation, the flap and the circular. With regard to the oblique division of the larger vessels, he thought that this was a matter of little moment, as they were easily discovered and secured; he had a strong impression, however, that the oblique division of the smaller arteries had a tendency to produce secondary hæmorrhage, as they became only temporarily or partially retracted, and were overlooked at the time, instead of being secured. A large number of cases were required to determine any particular fact, in respect to the influence of the different kinds of operation, our own experience being frequently liable to mislead us. Thus, from what occurred once under his own observation, he had been inclined to the opinion that secondary hæmorrhage followed the flap operation more frequently than it did the circular. Two men were under his care with gangrene of the feet; both legs of each of them were amputated below the knee; one leg of each was removed by the circular, the other by the flap operation. Secondary hæmorrhage occurred in each of the limbs upon which the flap operation had been performed; and no bleeding occurred in those which had been operated upon by the circular method. After this, on referring to notes of several series of cases treated under his eye, including ninety in which the circular operation was performed, and twenty-five in which the flap operation was resorted to, he found that there had been a much less comparative frequency of secondary hæmorrhage following the latter than the former mode. This result, at first, took him by surprise, but he now believed it to be correct, although he still thought that, under unfavourable circumstances, the flap operation performed on the upper extremity was more frequently followed by secondary hæmorrhage than was the circular mode of proceeding. With respect to the comparative frequency of cases of exfoliation of bone in the two plans under consideration, he thought the mode of operating had little to do with the result. In the flap, however, the proportion was somewhat less. Conical stumps were very rare when the operation had been properly performed. In a series of one hundred and fifteen cases, only two cases of conical stump had occurred, and these were, of course, insufficient to ground any conclusion upon. With respect to the mortality consequent upon the different kinds of operating, it appeared to be greater from the flap than from the circular method. All surgeons were aware that a rapid mode of operating had a great influence on the result of the case; as pain itself might destroy the patient almost immediately, or bring on irritative fever, which, though not so rapid in its progress, was not less certain in its results. He could not think that the time consumed in the operation itself had anything to do with the mortality in question; for, under ordinary circumstances, and in equally competent hands, if the flap operation was performed in forty or fifty, the circular would not occupy more than eighty or ninety seconds. It was a question of seconds, therefore, not minutes, and the difference was not sufficient to affect the results. More secondary abscesses and cases of phlebitis he had found to follow the flap operation in the series alluded to; and this was most important, and might account for the greater mortality already mentioned. As compared with the circular, he would offer a few words with regard to the after-treatment. He could not help thinking that English surgeons had attached too much importance to the influence of union by the first intention, and that the frequency of its occurrence, its value, and its safety, had been much exaggerated. He believed that it very rarely occurred, either in civil or military practice; it was another question, however, how far the *attempt* to procure this union was advisable. In a series of cases published by Mr. Benjamin Phillips, which, although, perhaps, not so complete, or free from sources of fallacy as could be wished, yet gave one result which, as it ran through all the series, he was inclined to admit as correct; viz., that the mortality following attempts at immediate union, was one in four of the patients, while those cases in which the union was consecutive, the mortality was only one in five. There were several considerations which led him (Mr. Alcock) to the conclusion, that union by the first intention was not in all cases desirable, or free from peril.

Firstly. If the natural course of a case of amputation, where there had been no previous disease or injury to interfere with its influence, as in cases of congenitally contracted limbs, loss by gangrene of the feet at remote periods, &c., were watched, it would be found that invariably some constitutional disturbance, and more or less of febrile action in the system, followed with local inflammation. As early as suppuration became established, the fever disappeared; the healthy and tranquil action of the system, therefore, was coeval with the establishment of suppuration.

Secondly. The immediate union of the stump did not prevent death, from the development of febrile and other actions in the system. He had seen patients die; their stumps either partially or entirely healed by rapid union.

Thirdly. When a stump, by the bringing together of the edges, had very rapidly healed, nothing was more common than for the febrile action to run high, and, after a few days, for the stump to open out again, suppurate, and relieve the patient; Nature thus undoing all the surgeon had toiled, in a contrary sense, to effect: or a depôt of matter would form either at one angle of the stump, or higher up in the limb, as had occurred in a young officer whose thigh he had amputated. In another instance (a case occurring the same day), a plentiful and healthy suppuration came on; the first reaction and fever had subsided; the patient was doing well, when the suppuration gradually diminished, and fever in the same proportion was

developed, destroying the patient; no trace of organic disease to account for the death could be discovered. The tendency of all these facts led him to doubt both the value and the safety of immediate union, and to believe that in justly reprobating the practice of irritating the stump, as formerly was the custom on the continent, by stuffing it with charpie, English surgeons had fallen into error of an opposite kind, by shutting their eyes to every fact—and they were many and evident—that pointed out evils attending the enforcement of their favourite theory of "immediate union." He could only say that his experience led him rather to rejoice than to regret when he saw a moderate suppurative action established before the healing of a stump. Mr. Alcock concluded by pointing out the inconvenience of a plan proposed by Mr. Phillips, of establishing an issue near to the stump, to create a factitious suppuration, as it were. A skein of silk allowed to lie in the lower portion of the stump, one end being brought out, he thought a simpler and more efficient mode; thus allowing the greater part of the surface of the stump to unite, if disposed, and yet securing a moderate suppuration in the lower portion of the stump itself. He had adopted this mode with good results. If the amputation were secondary, performed in diseased parts, and union took place, it was only in the skin, and prejudicial. He always laid a pledget of dressing upon the surface of the stump, gently approximating the surfaces and edges. This tended infinitely more to promote a healthy, suppurative, and granulating action than pressing one diseased surface upon the other, and producing a temporary union of skin, with putrid matter confined beneath; and he was led to believe that, in reference to the principles of surgery, it was a more scientific mode of treatment.

Mr. B. Phillips remarked, that he had some years since been convinced that many incorrect opinions obtained among surgeons regarding the results of amputation. Six years ago he had collected as many facts as he possibly could, with a view of arriving at more accurate knowledge on the subject. These facts he laid before the Society some sessions ago, and it was then generally supposed that the information he had collected was incorrect, and that the rate of mortality which those investigations indicated was too high, and that consequently it would not be safe to make them public. He was happy, however, to say, that subsequent inquirers had confirmed the accuracy of the results to which he had arrived. When he commenced his inquiries there was no hospital in London, except that of University College, at which any information regarding the general results of amputation could be obtained. No registers were kept at St. Bartholomew's, at Guy's, or at St. George's; but Mr. Cæsar Hawkins had given him the result of his own experience at the latter institution. At University College Hospital a complete table existed; and the results of the operations up to that time were so different from those which were now presented to the Society, that he was surprised. Thus, at the time to which he referred, Mr. Liston had performed twenty-three amputations, twenty-two of which were successful; the mortality, as shown in Mr. Potter's paper, was much greater, giving a fresh illustration of the danger of trusting to small numbers in statistics. The facts which he had collected embraced six hundred and forty cases; one hundred and fifty of which, or twenty-three per cent., were unfavourable. Now, succeeding inquirers had raised this number, by the addition of five hundred and ninety-three cases, to eleven hundred and thirty-three together; and the mortality had been proved twenty-seven per cent. From these facts concluded that the results he had at first arrived at were correct, and that the numbers he had taken were sufficient to determine the real mortality with accuracy. The great difficulty in arriving at correct data from small numbers of facts, in statistics, was remarkably illustrated by the paper before the Society. Thus, as he had said, Mr. Liston had only one fatal case out of twenty-three, while the paper made the mortality as ten in sixty-six; if the numbers had been double sixty-six, he thought the mortality would have been proportionably greater. This uncertainty was also shown in the statistical report of the Pennsylvania Hospital. Thus, in the two years of 30 and 31, there were eleven amputations and one death; in 32-33, there were fourteen amputations and seven deaths; 34-35, fifteen amputations and eight deaths; 36-37, fifteen amputations and five deaths; 38-39, twenty-four amputations and one death. Now, in these cases the patients were in the same hospital, and placed nearly under the same circumstances. Now, in the above report he had ascertained that the number of operations upon the thigh had not been sufficiently numerous to influence in any way the amount of mortality. He thought we were much in want of a better tabular series of cases, indicating more accurately than had yet been done the nature of the injury or disense for which amputation had been performed, and the particular limb which had been removed. The kind of disease which required the use of the knife had, doubtless, great effect upon the amount of mortality: thus, at St. George's Hospital, where joint cases were numerous, the rate of mortality in amputation of the thigh, for joint disease, as performed by Mr. Hawkins, had been forty per cent. So, if great efforts had been made to save the limb, as was the case in these instances, the patient's health would be under unfavourable circumstances for the operation. With regard to the relative mortality from the flap and circular operations, he thought this mainly depended upon the manner in which the operation was performed, and not on the kind of operation itself. He knew that there was a general opinion gaining ground that the flap operation was the best, but he did not believe that this was correct. If he wanted evidence to support his opinion, he had only to refer to the tables of Dr. Laurie. In the first thirty cases the circular operation was performed, and twenty-nine recovered; the next thirty were all single or double-flap operations, and only twenty-two were cured. These facts showed how little dependence was to be placed on the evidence furnished by small numbers in statistical inquiries. He thought that statistical records of the results of operations were likely to be of service, by showing the surgeon the chances with which he would have to contend; but he did not expect so much advantage from them as did many persons, for he could not think that they would have any effect in determining the result of any particular case.

'A Case of Malposition of the Kidneys and Absence of the Vagina, Uterus, and Fallopian Tubes. By R. Boyd, M.D., Resident Physician to the St. Marylebone Infirmary, and Lecturer on Medicine. Communicated by Mr. Perry.'—The patient was seventy-two years of age, and died lately in the workhouse of St. Marylebone, nothing being known of her previous history beyond the fact that she had been married, and had not lived on amicable terms with her husband.

On dissection, the right kidney was found in the right iliac fossa, below the cæcum, and received its artery from the right iliac, close to the aorta. The left kidney was in the pelvis, resting on the sacrum, and the origin of the pyriform muscle. An artery which arose from the aorta, at its bifurcation, entered its upper end; another, of larger size, penetrating the gland, in the usual situation, being derived from the internal iliac. Notwithstanding the unusual malposition of the kidneys, the renal capsules were in their normal situation; a fact which appears to the author to countenance the views of Mr. Gulliver, as to the function of the latter organs. From that gentleman's observations, it would appear that the renal capsules secrete a peculiar matter, which may be found in the veins; from which it would follow that these organs are glands to which the veins serve as ducts. The uterus and Fallopian tubes were entirely wanting, and the vagina was represented by a cul de sac, half an inch in depth. The right ovary was healthy, but the left was converted into a fibrous body, of an irregular globular shape. The paper was illustrated by a preparation and drawing of the genito-urinary organs.

ON NITRATE OF POTASS, IN LARGE DOSES, IN ACUTE RHEUMATISM.

BY M. ARAN.

This very interesting memoir contains twelve cases of acute rheumatism successfully treated with nitrate of potass in high doses. In the year 1764, our countryman, Richard Brocklesby, first introduced this practice; he gave, often, ten drachms of nitre in the twenty-four hours. In 1774, William White spoke highly of the advantages of this remedy, which he administered in doses of an ounce and a half to two ounces during the day. He says, that it is equally efficacious in chronic rheumatism. In the years 1838 and 1839 the same mode of treatment was adopted by MM. Gendrin and Martin Solon, and it is the result of the observations collected under these gentlemen that M. Aran has embodied in his memoir. We cannot find space for any of M. Aran's cases, but extract his concluding remarks.

The experiments made under the superintendence of MM. Gendrin and Solon show that,

1. Twelve patients, labouring under acute articular rheumatism, (three with endocarditis or pericarditis,) were completely cured in an average of eight days from the time of treatment, and fourteen from the time of attack.

2. The mean quantity of nitre administered, within the twenty-four hours, was seven drachms and fifty-four grains, dissolved in three quarts of fluid.

3. The mean quantity administered during the whole course of the disease was about eleven ounces.

Effects.—The chief effects of the nitre administered in the way mentioned by M. Aran, were copious and frequent perspiration; occasionally copious stools, but less frequently abundant secretion of urine; the pulse soon lost its quickness, and the affection of the joints rapidly become less severe.

Digestive Organs.—During the whole course of the treatment, the tongue remained moist; the thirst moderate; the appetite was never entirely lost; some patients were even very hungry. One patient had nausea for one day; another vomited once or twice; most of the patients were rather costive; one complained of slight colic.

Circulation.—Under the influence of high doses of nitre, the pulse very soon came down, and the impulse of the heart became less sensible; this often occurred on the day after the commencement of the treatment. In one case only, the pulse remained quick to the ninth day. The rheumatic affections of the heart and pericardium quickly subsided, although no other remedies were employed.

Secretions.—In most cases, the cutaneous

exhalation was remarkably increased; in some, the secretion of urine was much augmented, but this effect was by no means so frequent as the former one. The urine was generally alkaline, from the influence of the potass.

Therapeutic effects.—If we compare the duration of the cases recorded by M. Aran with those mentioned by other practitioners, we must admit the efficacy of nitre as a remedial agent. According to M. Chomel, the average duration of acute articular rheumatism is from twenty-three to fifty days; Dance, who tried the tartar emetic treatment, says from forty to sixty; Dr. Hope, on the contrary, states it at from eight to ten days; M. Bouillaud, at from one to two weeks. Now the nitre treatment produces results just as favourable as those of M. Bouillaud, and is free from all the objections to which bleeding *coup sur coup* is liable.

Doses.—Although a large quantity of nitre may be given at once, it will be better, as a general rule, to commence with two drachms and a half in a quart of fluid, and gradually increase the dose to four or five. The medicine may be given in any fluid vehicle which the patient likes; perhaps one of the best is lemonade; the salt should be dissolved at the moment of its administration. Should the remedy cause much disturbance of the digestive organs, it must of course be suspended, but this does not often happen.—*Journ. des Con. Med. Chir.*, No. 10.

In connexion with the subject of rheumatism, we extract the following remarks of M. Chomel, from a late number of the *Gaz. des Hôpitaux*.

Thirty-six cases of acute articular rheumatism were treated in the course of the year. Seventeen of the patients were attacked for the first time; the rest had suffered under one or more attacks; fifteen were received in summer, sixteen during winter. The *causes* were investigated with much care; seven patients attributed the attack positively to cold; in fifteen cases, no cause could be discovered; the rest gave equivocal answers. The pulse ranged from 71 to 131. Three patients had one joint only attacked; two had two joints; the others were attacked in a greater number of joints. The *mean duration* of the disease in winter was sixteen days, in summer twenty-four days, giving an average of twenty days.

Heart Affections.—Of the thirty-one patients, only one had complained of any affection of the heart before his admission into hospital; and one was attacked after admission. During the four preceding years, eighty-six patients labouring under acute articular rheumatism were admitted into the clinical wards; and of these, six had some organic affection of the heart previous to their first attack of rheumatism, and four only had suffered under affections of the heart posteriorly to their first attack. Hence the proportion of rheumatic patients attacked by disease of the heart, is by no means so great as M. Bouillaud and others assert. Even the *bruit de souffle* could be heard in seven only of the thirty-one cases, and in twenty-nine of the eighty-six. But in order to ascertain the value of this *bruit* as a sign of heart disease, M. Chomel examined several patients affected with other organic disease, and obtained the following results. It was distinctly heard,

1. In five cases of pneumonia: three perfectly recovered; in a fourth patient, who died, there was slight thickening of the sigmoid valves; in a fifth, in whom the bruit was extremely strong, no trace of disease of the heart could be discovered.

2. In three patients affected with small-pox, there was also this bruit, which disappeared with the disease.

3. In a case of typhus which terminated fatally, and in which no lesion of the heart existed.

4. In two cases of bronchitis, and in every case of acute inflammation of the womb received into the hospital.

Hence the *bruit de souffle* is not peculiar to rheumatism, but occurs in various other diseases, although less frequently.

HYDROCHLORATE OF BARYTA IN SCROFULA.

BY M. PAYEN.

The hydrochlorate of baryta has been, by turns, condemned and extolled, as a remedy for scrofula, by various writers; according to M. Payen, those who reject and those who praise it may be both right; for the efficacy or injurious effects of this remedy will depend on the circumstances under which it may be employed. M. Payen divides scrofula into two species; in one of these the remedy is highly beneficial, in the other injurious. If we look to the mode of action of the baryta, we shall soon perceive that it is quite contrary to that of other anti-scrofulous remedies. The latter are commonly excitants; they stimulate the circulatory organs; they give tone to the body. The hydrochlorate of baryta, on the contrary, is a sedative or contra-stimulant. Now, although scrofulous affections generally occur in persons of lymphatic temperament, we cannot deny that they may also become developed in individuals of an opposite constitution; and hence, in treating scrofula, we should adapt our remedies to these different states of the constitution. Under this point of view, the use of hydrochlorate of baryta should be limited to those cases of scrofula which are accompanied by signs of an increased organic activity, or which occur in persons of irritable constitution. For example, in scrofulous ophthalmia, characterized, as it usually is, by great irritability of the visual organ; in scrofulous arthritis with severe pain; in glandular tumors occurring in persons who are not lymphatic, &c., the remedy may be employed with great benefit.

In illustration of the above doctrine, M. Payen relates twelve cases of scrofula treated successfully, after various other means had been tried without avail. In these cases the amendment was so rapid that no doubt could exist of the efficacy of the remedy. The author employs a solution of baryta (one, two, or three grains to three ounces of water), and gives a spoonful every two hours. Every two or three days the strength of the solution is to be increased by one grain; in some cases the dose was carried to seven grains in the day, without producing any unpleasant effect.—*Gaz. Med.*

Quackery and Total Abstinence!—In Dublin, several Roman Catholic clergymen have denounced the man called Bernard Cavanagh from their altars as a lying and impudent impostor, and cautioned their congregations against being deceived by him. The blasphemy and arrogance of this man is unequalled. He pretends not only to exist without food, but to work miracles. Numbers of poor, diseased and deformed, the lame, the blind, the deaf and dumb, seek him daily to be relieved from their infirmities. He imitates the manner and language of our Saviour, and exclaims—"Arise and walk." "Be thou healed." "Receive thy sight," &c., and continues this imposition day after day with the most unblushing impudence, though the blind assure him that they are still sightless, the deaf they cannot hear, and the cripple that he is still lame. He is making a fortune by this disgusting exhibition of falsehood, fanaticism, and superstition, and drives out in a carriage.—*Londonderry Journal.*

CORRESPONDENCE.

Sir,—My attention has just been called to an article inserted in your journal of the 29th inst., under the signature of "Argus." It will, Sir, be sufficient for me to state, that the five years' apprenticeship (so lauded by Argus) as required by the infamous Act of 1815, is a disgrace to the age we live in; and the Act, as well as the monopolizing old hags of Rhubarb Hall, ought, in justice to the public, to be thrown, drugs and all, into the river Thames. Indeed, this infamous five years' apprenticeship has already been the means of obliging many persons who have had strong natural genius for medicine to transport themselves to some foreign clime, because the poverty of their parents prevented them from giving £200 as a premium to some City apothecary. Why, the five years' apprenticeship to an apothecary goes beyond the education required by the College for a physician, which is only two years' study in the University in which they take their degree! That the Apothecaries' Act of 1815 has deprived this country of many ingenious persons there cannot be a doubt. Had such infamous regulations existed in the times of Sydenham, Boerhaave, Hunter, Bailey, Cooper, Abernethy, some of whom were miserable, poor, and originally bred for other professions, and who have proved the greatest ornaments of the medical faculty—I say it with truth, that such persons could never have become members of the medical profession, had such infamous laws existed in those days as a five years' apprenticeship. The drug-mongers of Blackfriars will cry aloud, with heartless apathy, "Give us monopoly—let monopoly live for ever!" Why do the Company want to oppose all medical reform? Is it a regard for humanity? Is it true and beautiful philanthropy that influences the opposition? No; for they see thousands and tens of thousands of their countrymen poisoned and slaughtered, and look on with cold indifference, and often with scorn. The prayers and the groans of expiring men must be ringing in their ears, but they still cry for monopoly.—I am, Sir, yours truly,

Medicus.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

Fracture of the Coracoid Process of the Scapula.—M. G., aged 32, a milk-woman, of stout and muscular conformation, was admitted, at eight o'clock on the morning of the 17th of April, under the care of Mr. Liston. She had been thrown from a cart in the neighbourhood of Hampstead, from which she had received various injuries. She states that she fell on her right side, on a Macadamised road. A butter-churn which she had with her fell at the same time; but as she was rendered insensible by the accident, she cannot give any particular account of the precise mode in which she fell.

On examination there was found an extensive lacerated wound of the right side of the forehead and cheek, nearly surrounding the eyelids, which were almost insulated from the rest of the face. Parts of the frontal and malar bones were denuded. She made no complaint of any other injuries, except some bruises. The wound was immediately cleansed from dirt, the flaps carefully replaced, and the ends retained, in connection with the other parts, by a few points of suture and strips of the isinglass plaster; fomentations were applied also to the part.

In the course of a few hours she complained of pain in the right arm and shoulder; these were accordingly examined. The motions of the arm were not impaired; she could raise her hand to her head without difficulty: there was neither deformity nor flattening of the shoulder; the clavicle, acromion, and head of the humerus were entire; but on attempting to grasp the cora-

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process, while the arm was freely moved up and down, a looseness and crepitation could be distinctly felt, and a grating was also perceptible in the axilla. The arm was secured to the side by means of the application of a bandage and sling. Fomentations were applied to the shoulder, in which, however, very little swelling took place; there was only a little pain, which was increased by motion. The wounds of the face suppurated freely through part of their extent, and by the 4th of May had cicatrized completely.

5th. She was discharged cured to-day, the fracture appearing to be completely consolidated.

Fracture of the Acromion Process of the Scapula.—J. D., an Irish bricklayer's labourer, applied as an out-patient on the 12th of May, complaining of pain in the shoulder, and inability to use the left arm. These symptoms he attributed to an accident which had occurred on the previous day, when he fell from a scaffolding at a considerable height, on the right side, and some planks falling after him struck the point of the left shoulder. On examination the left shoulder was found to be obviously flattened, and the arm somewhat lengthened, but he possessed the power of raising the hand and arm to the head with no more difficulty than a simple bruise might have occasioned.

The clavicle and spine of the scapula could be traced entire, but on pushing up the elbow a crepitus was felt over the acromion, and on depressing the arm again, a considerable separation between the fractured portions of the bone could be detected. The apparatus of Dessault for fractured clavicle was ordered, and speedy relief followed its application.

FOREIGN HOSPITALS.

HOPITAL DE LA CHARITE.—M. VELPEAU.

EXTRACTION OF A BULLET, WHICH HAD LAIN IN THE KNEE-JOINT FOR 27 YEARS.

On the 27th March, B. Alexander, aged 59, was admitted to La Charité. On the 21st June, 1813, at the battle of Vittoria, he was shot in the back of the knee. After the lapse of some time, he again entered the army, and thought no more of the wound; and it is to be presumed that the presence of the bullet did not really cause any inconvenience, as he was able to discharge the duties of his profession.

Last January he fell on the right knee, and from that period he says he became aware of the existence of a foreign body in the joint, which was on several occasions attacked with inflammation, and became considerably swollen, so that he had to apply for advice. The presence of a foreign body in the joint being readily ascertained, it was extracted on the 2d of April.

The foreign body was forced to the inside of the joint, and fixed in its situation by placing over it the ring of a key: an incision was then made over the ball, which was extracted with facility. The wound was cicatrized on the 4th day, and the patient was soon after discharged well.—*Gazette des Hopitaux.*

HOTEL DIEU—M. ROSTAN.

HÆMORRHAGE IN THE LEFT ANTERIOR LOBE OF THE BRAIN—PARALYSIS OF THE SAME SIDE.

A few days ago, a man, aged 35, was brought to the clinical wards in a state of complete insensibility. The left side was completely motionless, and it was thence concluded, on known principles, that there was cerebral hæmorrhage on the opposite side. The patient died a few days after admission, and the following appearances were found on examining the brain:—

A large quantity of coagulated blood was found under the dura mater, over a considerable extent of the left hemisphere of the brain; on slicing off the surface of the left hemisphere, a cavity filled with blood was found in the anterior lobe of the brain; the arachnoid and pia mater were lacerated, and the blood had issue into the cavity of the arachnoid. The brain was found but little softened in the vicinity of the clot of blood.

M. Rostan observed on the extreme rarity of this case, which was a complete exception to what generally occurs.—*Gazette des Hopitaux.*

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At Hillside, Edinburgh, Dr. Jas. Hunter, F.R.S.E.—John Symons, Esq., M.D. Surgeon of the Dumfries Militia.

ALGIERS.—A general battue has been made in the streets of Algiers against all the people who either squinted or stammered, in order that, when collected, they might be submitted to the operation of Dr. Baudens, the Duke de Nemours' physician, who has been very successful in treating cases of this kind by division of the muscles.

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June 5, 1841.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

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For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.

[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

THE CENSUS OF MEDICAL MEN.

We are glad to hear that a proposition, which suggested itself to our minds, and which we were disposed to make public, has been thought of in the proper quarters, and that the Professions are to be specified in the New Census of the 7th of June. The ages, grades, and characterizing distinctions of medical men ought to be included, and will be, if correctly and judiciously executed. We are of opinion also that it should include Regulars and Irregulars, Unlicensed and Quacks, Midwives and all Subdivisionists, and Druggists and vendors of Quack Medicines; but in all probability, this will be considered too minute and particular to be effected by a cursory method, and perhaps beyond the precise and definite knowledge of the sort of persons employed as Registrars at 7s. each, who are neither the best educated, informed, nor most sagacious people, but are illiterate parish clerks and small persons, who call every animal "Doctor." It will, however, vague or general, serve to decide at once the gross number of medical men in private practice, who are variously composed from directories, college lists, and "guesswork" at the very discrepant extremes of 80,000, and 18,000 or 20,000, as enumerated in the first number by Dr. Martin Sinclair, and in the second total by various authorities. It will also serve us to ascertain the extent of competition, by dividing the total population by the total number of medical practitioners and other relative postulates. Having obtained this datum, and compared it with capital and resources, and applied all the laws and reasonings in relation to competition by comparison and analogy, we shall be enabled to form an accurate view of the numerical state and redundancy of the profession; which, we only know, without exactness, is in a very vague, uncertain, and anomalous condition, perfectly inconsistent with its stability and welfare. In fact, it is completely "cut up!"

The general census, however, must not be looked on as more than a corroborative and supplementary enumeration. The present circumstances and position of the medical profession, and the medical profession bill, loudly calls for a strict, perfect, and discriminating registration, with *precise* descriptions of the names, ages, legal qualifications, divisions, grades, localities, appointments, &c., &c., of every man of whatsoever denomination, arbitrary, proper, or popular in the Kingdom; every scrutiny being used to prevent what will be profusely attempted, fraud, forgery, false qualifications, and other kinds of imposition, viz., suppressed veri, subterfuge, evasion, equivocation, and prevarication, to avoid the open proof and exposure of irregularity and quackery. We must have a systematic and circumspect catalogue raisonné, in which searching and systematic interrogations into validities and invalidities must be put in fidelity and earnestness, with the squeezing pressure, if necessary, of a screw or vice. Minute inquisition alone can obtain that true confession which is good for the soul of the impostor. We must have none of Mr. Warburton's "higgledy-piggledy work of botching all sorts of men together in an indiscriminate batch, which is a cloak for deception, confusion, and concealment. Registration we must revise, get up the local statistics of the profession, and report on it, from minute knowledge in facts and figures. It is time that every man in England should have his name, qualifications, and pretensions before the world, so that every one that runs may read. We look forward with intense interest to the results of the census, particularly its vital statistics in relation to medicine from our most able staticians, and we shall assist in giving them circulation.

Editor.

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 29th May, 1841:—

Epidemic, endemic, and contagious diseases	127
Diseases of the brain, nerves, and senses	172
Diseases of the lungs, and other organs of respiration	251
Diseases of the heart and blood-vessels	11
Diseases of the stomach, liver, and other organs of digestion	67
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	2
Diseases of uncertain seat	93
Old age, or natural decay	58
Violent deaths	21
Causes not specified	7
Deaths from all causes	833

Second Examination at the University of Edinburgh.—The second Examination commences about the second week in June, when some of the Medical candidates for the Diploma will appear before the worthy beaks, called Examiners, to enlighten their minds on different subjects. A great number of students have been turned back for the first Examination, but I hope the candidates for the Degree, who of course have passed their first examination, will be more successful.—*Student's Letter, June* 1, 1841.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XIV.

"Empirics will undertake all cures, yet know not the *causes* of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

General Practitioners' Bill lost — Apothecaries' Bill passed.

The Association of Medical Reformers, to which Dr. Burrows belonged, and in which he seems to have taken a very zealous and useful part, prepared a General Practitioners' capital Bill, in March, 1813, and as usual were opposed pertinaciously by the Royal College of Physicians, always so notorious as obstructives, on the plea of the priority of their own rights, in all matters of reform. Always oppressed by the *vis inertiæ*, or directed by some petty policy, the College of Physicians of London has been ever like the cow in the manger, never disposed to chew the cud itself, nor let others perform that office for them. The College of Physicians were joined by the Obstructives and Procrastinators of the Royal College of Surgeons, and both opposed the Bill. Mr. Rose and Mr. Peter Moore introduced and abandoned the Bill. Between four stools it fell to the ground, and by this piece of perverseness, obstinacy, and obstruction, jealousy of rights and precedence, in which the profession was treated as if they had had nothing to do with their own interests or affairs, the general practitioners were *nolentes volentes* thrown captives into the arms of the old Rhubarb Queen of Union Street, and subjected, without their own consent, to a most unnatural coalition with her. A liberal writer, and a foreigner, not in the profession, remarked very justly, that "the anomaly was peculiar to England of letting a set of tradesmen, for they are no better, take branches of the profession higher than themselves under their control; that science and trade neither ought to be, nor ever can be married; that that union is quite as unnatural as that between an eagle of the sun and a crawling tortoise of the fields; that the unholy contract is an *occasional* enactment of legislation produced by ignorance; that no man, who has any regard for the dignity of the profession, can give any support to such a connexion, which connexion is a frail alliance between the pursuits of a noble occupation, and the defilements of mere mercenary traffic." — 1829. The Hall then pressed forward with their bill, and it was conceded by the tacit consent of the medical corporations and legislature. The London Reform Association having lost their bill, assented to the Apothecaries' Bill of 1815, because they "could do no better." [*See 3rd Report, p.* 16.]

It is very manifest from the views and grounds of the above Surgeon-Apothecaries' Association, and the positive evidence of Dr. Burrows, that we are justified in concluding that the general practitioners in England during half the 18th century, and from the beginning of the 19th century, that is, from 1800 to 1815, were a body, in more than half, of very low men, and very inferior practisers. It was clear not only from the above testimony, but from all the reflections made upon the profession in a promiscuous and interlocutory manner, by respectable and contemporaneous writers,

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that the majority of the "sly generals, who physicked the greater part of the people of England," as Sir Arthur Faulkner observes, were for the most part a race of men, who had re-received no regular education, either preliminary or professional; who had passed no examinations, whose entire complexion, as irregulars and quacks, was equally disgraceful to the profession and the country; men, in fact, whom physic and surgery had robbed from gentlemen's service and regiments of infantry, as men-servants and privates of foot.

As physician and surgeon, in unity of education, degree, and practice, we entered into private practice in a fashionable town, in 1823, and we will boldly declare, from the evidence of our own senses, and from the results of all our inquiries, that the majority of general practisers, at that time, in three counties around us, were men 'yclept "of the OLD SCHOOL," who had never had more than one half-year's "hospital walking," or "hospital trotting;" had never attended more than a few lectures in London; who had passed nothing; who were illiterate common-place men, indeed common routinists, dogmatists, systematists, sciolists, and smatterers, who treated all diseases like Sangrado, without any exception, with three remedies, blood-letting, blistering, and mercury; who mistook their cases for what they were not; and who committed empiricide and *mala praxis* in half of their cases of internal diseases, and whose mutilations of surgical patients were so notorious, scandalous, and conspicuous, that death and destruction had heard the fame thereof in every town and neighbourhood of England. Yet this contemptible and numerous generation of the older general practisers, fitter for bakers and butchers than general practisers, who have passed, or are now passing into eternity, kept horses and carriages, fared sumptuously every day, wore purple and fine linen, and were lords and masters of some of the infirmaries, nearly all the dispensaries, and parish doctors' appointments of the kingdom, in many instances. Their superior, and a thousand times acknowledged worldly success, in comparison to men of education, talent, and skill, superior judgment in the discrimination and in the treatment of diseases, arose from this cause chiefly—the rooted ignorance and prejudice with which the people of England, rich and poor, have ever preferred bold, flimsy, and superficial men, to men of modest merit, and superior education and skill.—There are other and various causes of public perverseness and delusion in the choice and patronage of medical men, which we shall again revert to.

To apply the test of figures and certain demonstration to the more demoralised, degraded, and debased state of the profession, from which we are but just now escaping, we wrote about three weeks ago to the Secretary of the Royal College of Surgeons of London, to ascertain what number of men had passed the Royal College of Surgeons, London, between 1800, when the College was chartered, and 1815, when the only security for regular education was the Act of the Apothecaries', passed in that year. This statistical statement of regular Members of the College, if compared with the computed total of general practisers, in private practice in those years, would show the exact proportions of irregulars to regulars in the class of general practisers, and the accuracy or inaccuracy of Dr. Burrows' disparaging and deplorable picture of the Pargons and Sangrado's, the Molière's Woodcutters, who then practised as the ignorant old school of English generals. To this request of ours, the present President of the College instructed the Secretary to reply, that it was not usual to "furnish the information we requested." (*Dated May* 10, 1841.)—We must be allowed to ask, of what use is an institution to the country, whose books are sealed books to regular professional men, and disclose not general results on the state of a profession which are material to Reform, and absolutely necessary to be exposed? All that we can say is, that this refusal is of a piece with the conduct of the Colleges of Physicians and Surgeons of London for the last 300 years, and of the entire body of incorporated and unincorporated obstructives, who have directly or indirectly prevented not only the constitutional and legal exertions of the Reformers of an anomalous Medical Polity to get Reform, but have indirectly encouraged and winked at irregularity and quackery, from motives best known to themselves.

The apothecaries, in the preamble of the bill, which is always supposed to be a very accurate, faithful, and certain exposition of the facts and grounds on which parties solicit the legislature, applied solely for powers, not only to prevent the "WHOLLY IGNORANT and UTTERLY INCOMPETENT" from abusing private practice, but to prosecute in those and others "the most flagrant cases." (*Evidence of John Nussey, Esq.*) But it is evident, that this imperfect piece of legislation was not drawn up upon a clear, mature, and correct analysis of all the real evils and abuses of the profession, which they sought to prevent and amend. It was admitted, that "there were several in the Apothecaries' Act not applicable to the profession." (*Mr. John Ridout.*) The rejected general Practitioners' Act was intended to "reduce the number and to prevent those surgeon-apothecaries altogether, who swarmed, and who had received no medical education at all." (*Dr. G. M. Burrows, p.* 16.) This bill had provided well for this most essential point. After the Act was passed, the apothecaries soon found that they had in the main a very different class of irregular and unlicensed quacks to deal with, from the WHOLLY IGNORANT and UTTERLY INCOMPETENT. They speedily found, under the operation of the Act, that the great violaters and impeders of justice and right, were not the quacksalvers and medicasters of the profession only, nor the MOCK and SHAM SELF-DUBBED GENERAL PRACTISERS, THE 5 BRANCH, one half-year's, cheap-taught, self-entitled "general practisers" and "surgeons" only, but the common retail chemists and druggists, with whose lawless innovations and encroachments upon the regular and older order of general practisers, they had reserved to themselves no power whatsoever, by their Act, to contend with, and all whose privileges, on the contrary, they had actually allowed and admitted in a distinct and excepting clause. This proved to "be the greatest evil of the regular and qualified general practitioners." (*John Ridout.*) The clause in the Act of 1815, reserving to the chemists and druggists whatsoever privileges they were entled to, among which they reckoned, the privilege of *prescribing and dispensing* in *their own shops*, had undoubtedly occasioned medicine to be practised by a number of persons who had not received any regular medical education. The society had been reproached with prosecuting persons of one description and another, but had not interfered with the druggists. The principle of prohibitory law was decidedly against their intermeddling in, and usurpation of, practices which has been extensive, whether carried on in private or public, but they have not been prosecuted, because it is *private*, and because no informations have been given against them. (*J. Nussey, Esq.*)

SIDE-SLIP FOR QUACK'S CORNER.—NO. III.

"I say, HUM, how fares it with QUACKERY now!
Is it PRIME, is it UP, is it speeney, or HOW?
Tom Moore Travestie.

A QUACK! to feed like fleas on human blood!
Smollett.

THE next in infamy as the next in name to the VAGRANT AURIST is the VAGRANT OCULIST. These species of oculists have been common characters in England. One Williams, a man of this stamp, who was a broken-down tradesman, started as oculist, and drove a green landau by his practice for some years in England. We remember him 15 years ago, driving about the large towns and watering-places, which are the great gull-isles of Quacks. In 1828, he passed over into France, but the newspapers shortly announced that he had received notice from the French police to abandon the attempt to practise in that country, or to live in pleasant expectation of a French gaol, "*sans ceremonie.*" What is deemed extremely "*comme il faut*" in this way in England, and *wisely* patronised as *meritorious*, met with very serious legal objections there. This vagrant oculist wandered from *town to* town, and advertised "extraordinary cures," only excluding failures. The cases were drawn up by the oculist himself, and attested by the patient with appropriate puffs; the misrepresentations and perjuries of the poorer patients were published at their own expense, in return for the QUACK PERFORMER'S *gratuitous* attendance. Most of these cases were of the most simple nature, and such as will get well with next to nothing done for them, except the most ordinary routine remedies. All his cases were grossly exaggerated. W. H. H., an editor of a Spa newspaper, and a bird of the Muses of considerable talent, who admitted and propagated his attestations of cures, told us that he knew enough of his tricks and practices to * * * * him for ever! He used to divide the RICH dupes, according to their means, into three classes of paymasters. A patient, belonging to the first class of fools, paid down £60; of the second class of ninny-hammers, £30; third class of nincompoops, £20. He offered a respectable Quack-hunter at Bath the first two classes, but the oaf felt his pockets, and said it would never suit him to belong to either. Williams then offered him the third screw in his vice; the FLAT handed out his £20, and the SHARP gave him a phial of some coloured fluid. He used all this, and remained "*in statu quo, re infectâ.*"

The late Professor Andrew Duncan, jun., related in his lectures, that he had lit upon this vagrant oculist, or some such sharper, and ascertained that his ONE remedy for ALL diseases of the eye was merely a solution of extract of deadly nightshade (belladonna). A few credulous half-idiots of all ranks in life, but certainly the VULGAR RICH more than others, enable these fanfarons, (*i. e.* swaggering premisers, boasters, and cheats,) to expend hundreds of pounds in advertisements, without which the gull-trap will not work, and he cannot sport his dignified person in handsome equipages and establishments.

We shall return to a few more subjects of the same species, until we have done execution on the carcases of this rascally and swindling fraternity of wandering and fraudulent vagabonds.

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LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE VII.

It has been shown, in the previous lectures, that the doctrines of spontaneous generation, far from being supported by the history of the polygastric infusoria, were positively contradicted by a careful inquiry into their modes of generation. One of the principal and most prominent of the arguments deducible from them is, the repetition of a *fixed and unchangeable form*. All the polygastric infusoria at present known may be referred to one of twenty-two families, of which eleven are provided with an external siliceous case. These genera were recognised and described, with great accuracy, two hundred years back, and they were also familiar to the observations of the great micrographer Leuwenhoek. The siliceous cases of infusoria of ages past are found in great abundance in a fossil state at the present day, and correspond, most accurately, with living genera of the present time. Adding to their constancy of from, when we consider their complicated structure, and their perfect powers of generation, we cannot but feel how inadequate any reasoning must be to establish, upon the polygastric infusoria, any sound argument in favour of spontaneous generation.

Failing to prove their opinions by reference to infusoria, theorists next betook themselves to the class entozoa, and here we shall have opportunity of showing that they were equally in error. The lowest of the entozoa, with the exception of some few species, which propagate by gemmation, have distinct male and female organs of generation; in the tape-worm, the organs of both sexes, together with a gland for preparing a distinct protective covering to the ova, are contained in each segment; in the trematoda, or flukes, there exists a complicated hermaphrodite system, and ova, with shells provided with a moveable operculum, which is raised, and falls off as the embryo progresses in its growth. Moreover, the young animal differs from its parent in possessing organs of motion, adopting it to the medium in which it must commence its career, and eyes to guide it in its movements; both of which are lost when the creature fixes itself for its permanent station through life. The nematoid family are diœcious, possessing distinct sexes on different individuals; the testis is an extremely long, simple duct; while the ovaries, are also very long, equally simple, and two in number; in the Ascaris lumbricoides, the ovaries, with their ducts, are eight feet in length, and contain ova capable of producing, at one birth, a number of living beings, more than three times greater than the whole of the inhabitants of Great Britain. In their extreme fertility the entozoa bear some analogy to the cerealia in the vegetable kingdom, and serve to produce food for more highly-organised beings than themselves.

Another argument against the spontaneous generation of entozoa, is the localisation of the genera. Soëmmering suffered from a tape-worm that was not known in his own country, but was indigenous to the inhabitants of Switzerland, in which country he spent some years of the early part of his life. Mr. Owen knows of but one instance in which the filaria medinensis has been seen in any others than the natives of countries in which this worm is endemic, and that occurred in an American servant, whose business it was to guard the negroes who were freshly imported from Africa. There cannot be a question, but that in this case a germ from one of the negroes had been conveyed by contact to the skin of the servant. The young of the filaria are peculiarly fitted for piercing the integuments, by being acutely sharpened at one extremity, just as the insect, with its sharp and long ovipositor, is enabled to pierce the thick integuments of animals, and deposit its ova deeply in their tissues. With such considerations as these before us, should we not rather seek to discover the origin of entozoa, by carefully inquiring into their history and peculiar habits, than rest our surmises upon the feeble hypothesis of spontaneous generation?

Annelida.—Among the lowest of the red-blooded worms is the Planaria, a small animal found abundantly in fresh-water ponds. By some it is still classed among the entozoa, although in all its characters it belongs to the annelida, and has been found within the bodies of animals only in very rare instances. Its organization is so extremely simple, possessing, in every point of its structure, all the elements of the whole, that it is enabled to propagate by means of transverse fission. Trembley observed, that the minutest portions would grow and become a distinct individual when separated from the rest. When it is cut transversely into two halves, the anterior portion will develope a tail, and the posterior a head with two eye-specks; when bisected longitudinally, each lateral half developes its corresponding half; when split only a part of the way along the middle line, each section developes its corresponding half, and a double-headed monster results; if each of these heads be divided in the same manner, a quadruple-headed monster is produced, and so on. This artificial subdivision serves as a good illustration of the permanent partial fission of the polypi. The planaria possesses distinct male and female organs on the same individual, as complex in structure as those of the termatoda; in the male there is a double testis, with vava deferentia terminating in an intromittent organ; and in the female, ovaries; a perfect coitus takes place between the individuals, and a glutinous substance is secreted around the ova, by which they are attached to the stems and leaves of water-plants. Another minute genus of the annelida, the Nais, possessed of distinct generative organs, is also remarkable for propagation by transverse fission. The changes by which this division are effected have been carefully observed by F. Müller. In the first instance, the alimentary canal commences to enlarge at a particular point, and currents of blood are directed obliquely between the enlarged part and the integument; a constriction then occurs between two of the segments, a proboscis and two eyes are formed, and the constriction increases to complete fission; this process may be taking place at the same time at three or four different points, so that we are presented with the anomaly of four or five generations in a single animal, nourished by one mouth, and furnished with a single anus, the former being upon the anterior extremity of the parent, and the latter on the offspring of the fourth generation; the generative organs resemble those of the leech.

In the male of the Leech, nine small oval bodies are seen on each side of the middle line upon the ventral surface of the animal, and beneath the alimentary canal. These are the testes; there proceeds from each gland a short duct, the vas deferens, which opens on each side into a long common canal, passing longitudinally forwards to an organ which would seem to represent the prostate gland; from the prostate the two ducts proceed to the angles of a pyriform receptacle, the vesicula seminalis. In the female there are two ovaries, which communicate by means of two oviducts, with a pyriform uterine sac; the penis is placed on the twenty-fourth segment of the body, the valva on the twenty-ninth, and the coitus is reciprocal. The changes which occur upon the exclusion of the ova in the rivulet leech have been attentively examined by Dr. Johnson, and are described in the 'Philosophical Transactions.' On the day after the coitus, a double constriction is observed around the body of the leech, and the intermediate segments gradually change their colour, and become whitish and opake; this opake ring is shortly observed to consist of ova, inclosed in a white glutinous substance; after remaining a short time, the leech exerts itself to get rid of this ring, bending its body rapidly and violently, and applying its head to the part as if to loosen it from its adhesion to the skin; it succeeds, eventually, in its object, and withdraws its body from the ring, leaving it behind in the form of a cocoon, open at both extremities. In the medicinal leech these cocoons are often found in the water, in which they have been kept, and are seen to be composed of twelve or fourteen ova, inclosed in a nidamental substance. Wagner found the ova to contain all the essential parts of the ovum of higher animals, and to lose gradually the germinal sac; and Mr. Owen had observed the vitelline granules to assume a radiated arrangement during the progress of development. The young, after their escape from the ova, quit the cocoon through the openings left by the body of the animal.

In the common earth-worm the testes are two on each side, and the ovaries four, in the same individual. The common vas deferens is short, and terminates by a very small pore on the fifteenth or sixteenth ring from the head; the ovaries are simple pyriform glandular sacs. Upon the sixteenth segment are two small transverse slits, or vulvæ, situated one on each side, and communicating with the ovaries; sometimes there are two vulvæ on one side, and one only on the other. Besides the proper organs of generation, there is developed around the worm, towards the latter end of summer, a thick and broad belt, which is called the clitella; the clitella serves as a sucking apparatus, by means of which the worms are connected with each other during the coitus. Upon the surface of the clitella are produced two small filamentary processes, which seem to serve the office of organs of excitement; they are imperforate, have no connexion with internal gladular organs, and disappear immediately after the coitus. The seminal fluid contains an abundance of spermatozoa. The earth-worm, in its mode of reproduction, bears a very close analogy to plants; the vulvæ are not intended for the transmission of the ova, but merely serve as tubes of conduction of the seminal fluid to the ova. In this peculiar disposition they may be compared to the minute canals in the stigma of a flower, through which the fertilizing atoms are conveyed to the seed-vessel. In the month of July the ovarium, filled by the contained ova, like the seed-vessel with its repened fruit, bursts by a process similar to the dehiscence of plants. The ova are dispersed within the interior of the animal, and pass backwards between the integument and the intestine to the anal receptacle at its posterior extremity; in their progress they gradually undergo their development, and are expelled from the parent, either in the form of completely formed worms, or surrounded by a dense and tough case, which gives them the character of pupæ. Whether they are produced in the living or in the pupal form, depends upon the nature of the soil in which the worms are found; in a light and loose soil they quit the parent prepared to act for themselves; but in a tough, clayey soil, they continue the pupal form for some time, and undergo a still further development to fit them for an independent existence.

The marine Annelida do not possess sufficient interest to deserve an especial consideration.

Cirripedia.—Until very lately the most erroneous notions have been entertained with regard to the cirripedia or barnacles, from the circumstance of their natural affinities not having been perfectly considered. They present the peculiarity of being inclosed in a multivalve shell, but are provided with distinct articulated members, and are devisible into two groups, the *sessile* and *pedunculate*. In their organs of generation they are hermaphrodite, having, like the leech and earth-worm, distinct sexes upon the same individual. The testes, situated near the hepatic cœca, are lobulated and granular. Their secretion is conveyed by numerous ducts uniting to form a single canal, which terminates at the base of an extensile organ. This organ was thought, by Hunter, to be the penis; the recent researches of Wagner have confirmed the fact, and have established, beyond dispute, the true nature of the male glandular organs, which were described, by previous anotomists, as ovaria. The ovary, in the pedunculate barnacles, is situated in the stem; in the sessile group it is attached to the base of the shell; in the latter, the common deferential and ovarian duct is longer than in the former. Impregnation is performed by the same individual; but when the animals are collected in clusters, their impregnation is probably reciprocal.

Had the barnacle produced young similar in instincts to the parent, they would have destroyed their means of support by covering and killing the animals upon which they fixed themselves for

their growth, or would have buried the parents by the new and numerous accessions to their numbers. As a provision against the possibility of such accidents, we find them, in their embryonic state, possessed of very different habits to the parent, and undergoing a remarkable metamorphosis. Dr. Vaughan Thomson obtained, in the Bay of Cork, numerous minute crustacea, having two lateral folds of integument, four locomotive ciliated organs, and distinct eyes. On observing these little creatures during the progress of their growth, he found that they cast their outer covering and locomotive organs, and became converted into sessile barnacles. Burmeister, in the young of the pedunculate group, observed four legs on each side. During the process of ecdysis, or moulting, the anterior pair became converted into the organ of attachment; the single eye disappeared, and the lateral folds, or mantle, developed the shell. When the researches of Dr. Thomson were first made known, they were unique; but at the present day we are acquainted with many illustrations of the same phenomenon, as in the lernæea, and in the trematoid entozoa.

Lecture VIII.

In the class Annelida we take leave of non-sexual reproduction; the Nais and the Planaria are the last of the animals which have the power of reproducing their species by fission, while they possess, at the same time, both male and female organs on the same individual. In the Leech, we find eighteen testes, a multiplication which leads us to an analogy with the vegetable kingdom. Beneath the penis is a vulva, and in the interior are two ovaria, two oviducts, and a prostate gland. In the Earthworm, the numbers are reversed; there are eight ovaria and only four testes with no prostate. The ovaria are tortuous and long, their communication with the vulva serving merely for the transmission of the fertilising fluid to the ova, like the tubes in the stigma of plants, and not for the passage of the ova. When the ova are fully formed, the ovaries burst, and the ova, scattered in the interspace between the alimentary canal, and the external integument, pass backwards to the anal cavity, from which they are expelled in a variable degree of development, according to the nature of the soil in which the parent dwells. From Annelida we proceed to a somewhat higher class, the Cirripedia, in which is seen a dendritic combination of male and female organs, two testes, and an ovarium situated in the stem of the pedunculate group and on the base of the shell in the sessile. Upon their extrusion from the ovary, the ova pass into the interspace between the body of the animal and the mantle, where they undergo a kind of incubation, increasing in development and growth, and finally quitting the parent in the form of minute entomostracous crustacea, furnished with legs, of which the anterior pair is supplied with sharp hooks. Such is the extraordinary change which Barnacles pass through previously to attaining their perfect condition. In external form and permanent attachment, and in the presence of numerous ciliated organs, Barnacles bear considerable resemblance to the fixed Polypes; but in internal structure, in the possession of articulated members, and of a double nervous cord, their natural affinities to crustacea are strikingly evident.

Crustacea.—The class Crustacea is divisible into two principal groups, distinguished by the form of the oral organs. The lower group is characterised by the possession of a suctorial organ, and the higher of strong lateral maxillæ. All the Crustacea, with the exception of the ...us Apus, are dioecious, and provided with ...al organs more highly developed than in ...receding classes. The maxillary Crusta... have the additional peculiar character, that the sexual organs themselves, and not their ducts, are united.

The minute *Entomostracous or Suctorial Crustacea*, are found adhering, by means of their suckers, to the surface of the cornea and skin of fishes; while some embed themselves in deep holes which they bore in the integument of these animals. They were named by Lamarck, Epizoa; and by Linnæus, Lernæa. They are remarkable for the great difference of size between the male and female; among the Entozoa, the males are the smallest; but among the Lernæa, the males remained for many years unknown to comparative anatomists from their extreme minuteness. The males have four testes and two tubular organs at their anal extremities; they are frequently found upon the body of the females near the two vulvæ, sometimes there are two or more males upon the same female. In the female there are two utriculi, or cæcal ovarian sacs. The ova are produced in their parietes in the form of very minute transparent vesicles; a second vesicle then makes its appearance around the preceding, but they remain adherent at one point. The first is the true germinal vesicle, and in the interspace between the two the vitelline granules are deposited. They are impregnated in the ovarium, and in their progress along the oviducts, undergo a progressive development, so that near the termination of the latter, all appearance of the germinal vesicle is lost. They are then expelled into a large sac, which is produced from each vulva of the parent, and in this receptacle they undergo a still further development.

We may use the same reasoning here, with regard to the young of the Lernæa, that we did in reference to the Barnacles. Had the young Entomostracous Crustacea escaped from the vulval sacs in their perfect form, and possessed of the natural predatory instincts of the parent, they would immediately have fixed themselves upon the body of the fish on which they were generated, and by their extreme numbers have destroyed the life of the animal, and at the same time their own means of subsistence. But this is not the case, for upon leaving the ovisacs they are found to be provided with two pairs of natatory organs, which are developed within the chorion. On bursting the chorion by a process of ecdysis, they possess three pairs of extremities with antennæ. The posterior pair becomes elongated, and, uniting in front, forms the suctorial organ; the middle pair is greatly diminished in size; and the anterior pair considerably modified as appendages to the head.

In the higher group of Crustacea, the Decapoda, the male and female organs on either side are distinct. The male consist in an assemblage of cæcal follicles, situated in the dorsal region of the animal, the vas deferens terminating upon the basial joint of the posterior pair of legs. During the concurrence of the sexes the vas deferens is everted like the finger of a glove, and performs the office of a temporary intromittent organ. In the female the two ovaries occupy a similar position with the testes of the male, but the oviducts terminate on the basial joint of the third pair of legs in two vulval apertures. When the ova are extruded through these openings they are received by the ciliated appendages of the caudal laminæ, to which they become adherent.

In the Brachiurous, or short-tailed Crustacea, as the Crab, the glandulo-membranous ovaria are connected by means of a transverse bar; the oviducts are expanded, thick and glandular, and near the extremity of each is a small cæcal pouch, the copulative sac, which serves as a reservoir for the male fluid, and impregnates the ova in their passage along the oviduct. Such is the disposition of the female organs in the Maia Squinado, or Spider Crab. The vulvæ open near the posterior margin of the plastron or belly-plate. In the male the vas deferens is everted, as in the Decapoda, to constitute a temporary penis. Sometimes a very singular dimidian hermaphrodism is observed among the Crustaceous tribes; on the one side of the animal are situated male, and upon the opposite, female organs. Such instances are occasionally seen in the common lobster, in which case the ova occupy only one side of the tail.

Development of the Ova of Crustacea.—Careful researches have been made upon this subject by Rathke, in the instance of the astacus fluviatilis, or fresh-water lobster. He has observed that the essential part of the ovum, the germinal vesicle, is produced by the glandular walls of the ovary; that this vesicle is then surrounded by a second membrane, in which the vitellus is formed; that the germinal vesicle disappears in the progress of the ova along the oviducts; and that an opake flattened spot, or cicatricula is rendered apparent. The maducatory organs and the head are the organs that first appear; then the anus, which is the first part completed; the mouth is very early seen; then the gills, which at this period are external and not invested by a protective covering; and then a small vesicle, which, becoming elongated, constitutes a dorsal vessel, and eventually, by a greater degree of complication, the heart. The vitellus is received into the intestinal canal through the back of the animal, at a point opposite to the principal ganglion of the nervous cord; an arrangement which holds good throughout those animals whose nervous cord is placed upon the ventral aspect of the body.

Arachnoidea.—The spider family is closely allied to crustacea, but in the former the arterial and nervous system are more concentrated; some are aquatic, but the greater number are terrestrial, and breathe air. They differ from insects, in possessing pulmonary sacs in place of tracheæ, in the absence of antennæ, and in having eight legs in place of six. The organs of generation are very similar to those of crustacea, but they are always distinct on the two sides, and not connected by a transverse communication. In the male there are two elongated cæcal tubes, both situated within the abdominal segment of the integument, and two slender and tortuous vasa deferentia which terminate at two small slits, which occupy the under surface of the abdominal segment of the animal, near its anterior border and between the two breathing spiracles. There is no appearance of a distinct penis, and if intromission do actually take place it must be by means of eversion of the vasa deferentia. In the female, as in the mygale avicularia, or bird-catching spider, (a beautiful specimen from the collection of Mr. Langstaff,) the ovaries consist of numerous simple cæcal follicles, with oviducts. In considering the generative organs of the earthworm, where there is no trace of the intromittent organ, we saw developed, from the clitella at the breeding season, two filamentary appendages, that were intended as organs of excitement. We shall now observe analogous organs in the spider. The arachnoidea are remarkable for their insidious, cruel, and destructive habits, and for a thirst after blood, which overcomes even their sexual propensities. It not unfrequently happens that a young and aspiring lover, making his somewhat too forward advances to some old and practised coquette, is immolated at the altar of his love, and, falling a sacrifice to her inordinate voraciousness, is devoured. As a protection to the male in such dangerous negotiation, Nature has provided

him with a pair of elongated maxillary palpi, upon the extremity of each of which is situated a small hook, which is intended to serve as a stimulating instrument. Extending to their fullest extent these lengthened members, he advances, cautiously and by slow degrees, towards his inamorata, and directs a series of *tatonnements* towards her vulvæ. At the extremity of each of these exciting organs is an orifice which leads to a glandular sac. The sac gradually becomes extended and swollen, and forms a soft cushion, with which he continues his titillations, and, having effected the object of his visit, betakes himself to his heels with all possible speed. In the female these maxillary palpi terminate by expanded extremities.

The development of the ova of arachnoidea has formed the subject of an admirable quarto volume, by Herault, to whose laborious researches we are indebted for our knowledge upon this subject. The first stages of the process have also occupied the attention of Dr. Rudolph Wagner. He has seen the germinal sac very distinctly, and finds it to disappear after impregnation. The ova are deposited in a cottony web or nidus, and, as if to redeem the character for cruelty of the parent, they are watched by her with the most tender and untiring assiduity until they are hatched. Some species, as the Clotho, forego all nourishment during their watch; and if, perchance, the young do not come forth at their accustomed time, in consequence of the coldness of the weather, the mother possibly perishes with hunger. Another species attaches the nidus by threads to the branches of trees, and sits at hand, with maternal solicitude, awaiting the development of her offspring, and is not easily driven from her seat. Herault has observed that the first change which takes place in the ovum is the diffusion of a whitish and opake fluid beneath the chorion. This is the cicatricula, or cambium, which gradually extends and divides into two portions, corresponding with the cephalic and thoracic segments of the embryo; the remainder of the ovum consists of granular vitelline substance. In the next place, the cambium produces the abdominal segment; then the dorsal vessel, the eyes, with the other organs, are formed, the vitelline substance communicating with the alimentary cavity through the back of the animal.

INSECTA.—Throughout the insect tribe, the sexes are distinct upon different individuals; they are dioecious; the males possess testes, vasa deferentia, and sometimes an epididymis, vesiculæ seminales, and a penis with clasping organs at the extremity. This tribe maintains a close alliance with the vegetable kingdom; they are useful to plants by diffusing their fertilizing anther-dust, and conveying it from the males to the females in dioecious flowers; while plants, on the other hand, afford to the insects a means of subsistence, a nidus for their ova, and frequently a habitation for themselves and for their offspring. The sexual organs of insects, though constant in their essential character of being always cæcal sacculi, are extremely variable in their form. Thus, in the genus Scorpio, the testes are simple tubular prolongations; in Clerus, they form flagelliform tufts of cæcal tubuli; in Hydrophilus, they are very numerous and racemose; in Bostrichus, verticillate; in Trichius, radiating and terminating in spherical vesicles; in Anthribus, they resemble two flattened disks with radiated markings, and communicate with a large vesicular dilatation by means of two short ducts; in Semblis, they assume the appearance of a cylinder formed of clustered vesicles; and in the Cetonia aurita, of tubuli expanding at their extremities into flattened circular sacs. In the Lepidoptera, the male organs pursue the same simple type. In the Diptera, there are two simple oblong sacs, two accessary glands, and a common duct. In the Bee, the testes have been compared, from their resemblance, to anthers; indeed, as many as twenty-four different classes and types of the testes alone have been reckoned, from the peculiarity and variety of form which they present.

OBSERVATIONS ON THE ABSORPTION OF METALS INTO THE BLOOD IN CASES OF POISONING.

Illustrated by an Account of a Case of Poisoning by Lead, occurring in a Cow under the care of Mr. Oberry, Veterinary-Surgeon to the Coldstream Guards. By Alfred S. Taylor.

(Continued from p. 85.)

MERCURY, so far as my knowledge extends, has never been discovered in the blood or secretions of man or animals.

Lead is a metal, which, from its fixed nature, we might suppose should be easily detected in the animal fluids, if it were received into and circulated with the blood. I do not find, however, that there is any instance of lead-poisoning on record, where this metal has been thus detected. Even in cases of colica pictonum, where there is no doubt an absorption of lead into the system, the most experienced toxicologists agree that it has not been discovered, although diligently sought for, either in the body after death, or in the secretions during life. ('Christison on Poisons,' p. 425.)

In some of the white lead manufactories of France, when the carbonate of lead was ground in the dry state, not only the workmen and horses employed on the premises, but even the rats and other vermin, were observed to perish from the effects of the poison. It is most probable, from the fact of the animals thus suffering equally with the workmen, that the contact of the poison with the skin had less to do with the fatal effects produced by it, than its reception through the form of an impalpable power into the lungs.* Even in favourable cases of this description, it does not appear that the metal could be detected in the body after death.

A singular instance of accidental lead poisoning in an animal, gave me an opportunity of examining one of the secretions for lead. To my mind, the result satisfactorily showed that lead was present, and therefore that the poison, in some state or other, must have been received into the blood, and poured out with the secretion. As, however, a difference of opinion may exist respecting the conclusiveness of the experiment, I shall simply state the facts, and leave it to others to judge how far I am justified in drawing the inference which I have done.

Not long since, a cow, belonging to Mr. Harrison, the treasurer of the hospital, swallowed a quantity of the carbonate of lead, which had been mixed for paint. It appears that some painters had carelessly left the pot containing the paint within reach of the animal. The cow overturned the vessel, and lapped up the contents, amounting it is supposed to half-a-pound of dark-green paint. Some time afterwards, the cow was seen apparently in a state of great suffering, resting in a contracted posture, with its horns fixed against a wall. There was obstinate constipation; and on the eighth day general paralysis of the trunk and limbs, so that the animal could scarcely stand. Mr. Cherry exhibited large doses of sulphate of magnesia, and occasionally carbonate of ammonia and oil of turpentine; and at the end of a week, Mr. Harrison having applied to me on the subject, I suggested that large doses of sulphate of soda should be administered, which was readily acquiesced in by Mr. Cherry. This was advised not so much with the view of the salt acting as a chemical antidote (although commonly employed as such in lead poisoning), as with the idea of expelling the poison from the bowels, by its well-known purgative properties. The sulphate of soda was accordingly given in large quantity, dissolved in water, and, apparently, with some good effect. The animal recovered slowly from the action of the poison, and was not perfectly well until the end of ten weeks.

It ought, perhaps, to be mentioned, that, at the time of the accident, the cow was rather more than two months gone with calf; and that after three weeks she slunk her calf, which showed no signs of decomposition, and was of full size for a fœtal calf of that age.

Soon after the animal had taken the poison, and while still labouring under its effects, a quart of milk drawn from it was sent to me for chemical examination. It possessed all the properties of rich milk, with an abundance of cream. About an ounce of the milk, deprived of cream, was treated with the hydro-sulphuret of ammonia, but this gave no satisfactory indication of lead. Sulphuretted hydrogen gas was then used in its pure state, but without any apparent effect. Judging from these results, that if lead were present in this secretion it could be only in very minute proportion, I passed the gas into about ten ounces of the milk, when, after a short time, the whole liquid began to acquire a faint brown colour. It was allowed to stand some hours, when a black flaky precipitate collected at the bottom of the vessel, but in so small a proportion, that it was impossible to verify its nature by resorting to any of the usual tests for sulphuret of lead. I thought it right, however, to perform some comparative experiments on the milk of other cows, and accordingly two different specimens were taken, in equal quantities, and treated in a similar way. Sulphuretted hydrogen had no effect whatever in these cases, although the gas was passed in for some hours. On adding a very small portion of a diluted solution of a salt of lead to another quantity of milk, the effect produced by the gas was precisely similar to that witnessed in the case under investigation.

These results, affirmative and negative, left no doubt in my mind, that some traces of lead were present in the milk, but in what state it is impossible to say. Admitting its presence in this secretion, it follows, that it must have found its way into the blood by absorption. The quantity present must have been infinitely small, since the test was evidently near the limits of its action. The sulphuretted hydrogen gas is said to have the property of indicating the presence of a salt of lead when the latter forms not more than the 300,000th part of a solution. Allowing this to be the case, and judging from a comparative experiment, it appears to me, that it cannot be far from the truth to state, that the quantity of the salt of lead contained in the poisonous milk, did not exceed above the 200,000th part of the weight of the liquid.

The poison probably existed in the other secretions of the animal, but these were not examined. There is, however, one fact connected with the result, which must at once arrest attention; that no animal secretion could be so favourable for the detection of this metallic poison as milk, where the quantity is very small; its perfect whiteness renders at once perceptible to the eye, the smallest traces of the black metallic sulphuret. Had the analysis been here directed to the blood or urine, it is very probable that the poison would have altogether escaped detection, or the result would have been too ambiguous to have allowed of a safe inference of its presence.

* Since the grinding in water has been adopted, these fatal effects, in a great measure, have ceased.

In conclusion, I wish to observe, that facts of this description, although they may clearly demonstrate that the metals of poisonous metallic salts in some instances find their way into the blood by absorption, do not throw any light upon the mode of operation of these substances. It is a matter interesting to the pathologist, and of deep importance to a medical jurist, to trace the presence of poisonous salts into the blood or secretions. How they operate when in the blood, or whether even their presence in that liquid in so small a proportion, is absolutely necessary to their operation, are points upon which great difference of opinion still exists. The examination of questions of this kind would, however, be beyond the object of this paper.

AQUEOUS SOLUTION OF CARBONATE OF MAGNESIA WITH EXCESS OF CARBONIC ACID.

BY DR. JOHN DAVY, F.R.S.

Dr. Davy examined the fluid known as Dinneford's solution of magnesia, and found that the salt deposited on expelling the excess of carbonic acid, was a carbonate of magnesia, which, whether deposited gradually under exposure to the air, or rapidly by expelling the excess of carbonic acid by heat, was always in prismatic crystals, and this form was retained by the substance, even when the whole of the water and carbonic acid which it contained was expelled by ignition. This salt is usually regarded by chemists, on the authority of Berzelius and Henry, as a hydrated carbonate, composed of one proportion of magnesia, one of carbonic acid, and three of water; but Dr. Davy, from his analysis, infers its composition to be one proportion and half of magnesia and carbonic acid, one of hygrometric moisture, and three of combined water. The common carbonate of the shops he considers to differ from the above, as containing half a proportion more of magnesia, and one proportion less water. The comparative composition of these two carbonates is as follows:—

	Crystallised Carbonate.	Common Carbonate.
Magnesia - - - -	29·61	41·52
Carbonic acid - - -	32·22	33·31
Water expelled at 212° -	10·27	17·47
Water expelled at a high temperature - - - -	27·90	7·70
	100·00	100·00

By these experiments Dr. Davy shows that the common supposition that the crystalline carbonate readily loses its combined water is incorrect; a part only is expelled at 212°, which he regards as hygrometric; the remainder, which requires a high temperature for its expulsion, he regards as strictly chemically combined.

Dr. Davy likewise finds that chemists are in error with regard to the action of water on the crystalline carbonate. It is commonly supposed, that when it is put into cold water, a solution of bicarbonate is formed, with the deposition of an insoluble carbonate, containing a smaller proportion of carbonic acid, and that when subjected to the action of boiling water, the same insoluble subcarbonate is produced, but without the solution of bicarbonate, the proportion of carbonic acid required for this being expelled in the form of gas. Dr. Davy has not been able to obtain either of these results; on the contrary, it appeared to him to dissolve both in hot and cold water, without undergoing decomposition. He could not obtain any carbonic acid from it even by boiling it in distilled water, in a retort connected with a mercurial pneumatic apparatus. Both the hot and cold solution on evaporation yielded the prismatic compound. 1000 parts of water at 60°, appear to be capable of dissolving about 4 grains of this salt.—*Phil. Mag., Nov.* 1840.

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THE MEDICAL TIMES.

HOUSE OF COMMONS..

MEDICAL REFORM BILL.

MR. LITTON wished to ask the Honourable Member for Lambeth, whether he intended to proceed with his Bill for the Regulation of the Medical Profession?

MR. HAWES said, he had not the slightest intention of proceeding farther with the Bill.

INTERFERENCE OF MEDICAL MEN IN POLITICS AT THIS GREAT CRISIS.

"Let corn, wine, and oil abound."

It is our earnest hope that the MEDICAL PRACTISERS of the THREE KINGDOMS will not be intimidated by the frown of power, the will of the despot, or the taunts of the corrupt and venal partisans of the monopolists, from taking, as a body, a more energetic part in liberal politics, at this imminent juncture, than they have ever taken before. As a body of 20,000 men, who have their local and moral influence, who have their civil rights as well as men of other professions, and whose interests and stake in the country are identical with the rights of every other class, we beseech—we implore them to be UP and DOING.

The proper comprehension and management of our private concerns is indispensable to our success in life. Almost equally important is attention also to all public and political circumstances, which, as general causes of good or evil, often affect our nearest and dearest interests in the most serious manner. The pecuniary welfare of no body of men in this world is affected so much by palpable diminution of means, fluctuation of business, and irregularity of payment, as that of medical men, when this country is in a state of monetary adversity, and ground down to the earth by sordid monopolists. Every man, therefore, in the profession, ought to look to his general and political, as well as his local and private interests, which, though universal and remote, affect the well-being of himself and every man who employs him not only with firmness and fortitude, but also with prudence and discretion; he should take that "better part" which is the most likely to advantage himself and his country. He ought to take this course in spite of the bugbear and cuckoo cry of women, party cowards, and lick-spittles, that "medical men ought to have nothing to do with politics." What! are medical men in a free state to stand still as nothing but mutes, eunuchs, and nincompoops? Let them not regard these prejudices, sophistries, and dictations, of either a pusillanimous or a self-interested set of vile political jobbers, who would alarm those into neutrality whose knowledge and conscience can never give corruption, despotism, and monopoly their willing support.

We urge the Profession at this great crisis, at the impending election, to reserve their voices and suffrages for no senatorial candidates in their own localities, but those who distinctly and affirmatively pledge themselves to apply to the great question of MEDICAL REFORM in its most uniform and liberal bearings, and support it strenuously in the House of Commons. The majority of that House seem to be ignorant of that question and the wants of the profession, and it is necessary that they should make themselves masters of its principal points. We must also conjure our Medical brethren throughout the kingdom to take sides with the GREATEST NUMBER against the monopolists in land and commerce, under whose cold-blooded, callous, and loathsome avarice, the entire middle class is sinking all over the country into bankruptcy, insolvency, ruin, and pauperism, like Rome in the time of the Gracchi. The corn question concerns both the healths and the lives of Her Majesty's lieges, for bread is the 'staff of life!' The broad sympathies of human nature, with the wants and privations of two classes of people, cry to us from Heaven, that we should drive our longest nails into the coffins of the monopolists! If we have not the property, let us recollect that we have the lives and healths of every family in the land to care for, guard, and protect, and this sacred charge is right enough to entitle us to think of public matters as well as private, touching the well-being and happiness of the people and ourselves. For the next three weeks "England expects that every man will do his duty!" in spite of the dictation and vindictiveness of a set of cowardly and corrupt monopolists, or our own meaner caution and fears.

We shall endeavour next week to demolish the cry that "Medical Men ought not to interfere in Politics;" we shall point out how they can benefit humanity and themselves, by collecting and returning statistical lists relative to the proportions between human mortality

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and the prices of provisions, particularly corn, n years of dear wheat. We are prepared to prove, that national mortality is trebled by the iniquitous Corn Laws!!!

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE.

NO. IX.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

THE Council of the College of Surgeons of London conferred with the deputies and delegates of the Reform Associations on the 16th January. Mr. Guthrie felt, that "a representative council elected from an incorporated electoral body cannot be enacted without destroying the old CLOSE, SELF-ELECTED COUNCIL, and he objected to a body which involved its removal. The present council did not wish to 'resign itself voluntarily to death.' They would try to prolong their existence; they would not erect a NEW Establishment to serve in lieu of the OLD one. The London College was willing to amend abuses; but they wished to take their own way of doing it; they were now preparing a Bill to Parliament." We must have some more talk with this same philosopher, Mr. G.

As to the London College of Surgeons, Mr. Guthrie starts like an oligarch and monopolist of the first water, who calls the general practisers SHOE-BLACKS! at the bare notion of such an element of agitation and discord, as a system of popular and representative government, which he considers as "arsenic" to the College. The Quarterly Reviewer, also, who is supposed to be Sir B. Brodie, objects to representative Medical Councils. The LANCET says, that "the London College of Surgeons alone possessed, in 1833, not less than £40,000 in consols, £69,000 in reduced consols, first funds to a considerable amount; the Hunterian, £684; the Jacksonian, £333; Sir C. Blicke's, £300; Sir G. Blane's, £300; Mr. Gale's, £689. It has also the custody of the Hunterian Museum for which Parliament granted £15,000, besides £27,500 for a suitable building. *The College receives more than* £11,000 *a year from its Members!*" [Lancet, April 17th, 1841, No. 4, p. 135, January 16th, 1840.]

If the Medical Profession, as a body, says the Quarterly Reviewer, "had charities or special powers and privileges, then a system of popular representative government might be made applicable to it, but *no such occasion exists.*" Now, we say, in this matter, that the very payment to the College of £11,000 a year by its members, is the very claim which grounds their right to demand the representative system in application to the College of London. The heavy payment made to the London College of Physicians for their license, £56 17s., is also a claim on that pennyless body on the same ground, and so on as to other corporate bodies.

Our three Corporations, of Physicians, Surgeons, and Apothecaries, are now therefore fairly and openly pitted against each other the former being about to struggle for the OLD CLOSE, SELF-ELECT, IRRESPONSIBLE GOVERNMENT of the PROFESSION, though Mr. Guthrie says his College is responsible to the Crown, and the preservation of the multitude of the distinctions, divisions, and grades of the olden time.

The Corporations propose a SELF-REFORM in Bills to the two Houses, but they differ considerably from each other in the extent of concessions and alterations proposed. The Associations and other bodies of Reformers have resolved unanimously to have REGISTRATION, INCORPORATION, REPRESENTATION, and EQUALIZATION of the WHOLE PROFESSION.—1. They are resolved to adopt a representative system of government as an efficient principle. 2. To have ONE FACULTY, COMMUNITY BOARD, or whatever it may be called, by free election on the representative principle. 3. To constitute this one faculty or corporation of all the REGULAR Members of the Medical Profession in Great Britain and Ireland, viz., Graduates, Members, Fellows, Licentiates of all Chartered Corporations and Universities, and all other persons legally qualified, so far as possible. 4. To enable this faculty to possess equal rights, privileges, and immunities; the ordinance of one uniform test of qualification from all future candidates for the license to practise.

The corporate bodies will no longer be allowed to compromise the public interests, nor, as the few, to prevent the greater rights of the many—all for the selfish service of their own extensive wants.

A general medical senate is also proposed, competent to form by-laws for the government and protection of the ONE FACULTY; to appoint examiners' boards; to demand high medical qualification, and give equal rights, titles, and privileges; to register all practisers, and permit none to practise but the registered; to permit no members without special license to sell drugs or compound medicines, unless prescribed by himself, or others in consultation with him, and for his own patients.

But there is a second party of doubters and waverers among the reformers and delegates, who think that one faculty, by representation, will prove ruinous to the corporations, and will "pull them down" in the end. While the first party think they are compatible, this second party imagines that REPRESENTATION is incompatible with the persistence of the corporations; this party, in fine, has raised the question of compatibility, or incompatibility, of one faculty with the continuance of existing corporations. This party also contends for two grades, and unequal privileges, to tempt men of fortune into the profession, which never can nor will be the case for obvious reasons, but more hereafter; the title of doctor is to be conferred at the age of twenty-eight, also for the corporators to be admitted to the examiners' board.

But the College of Physicians and Surgeons and the Hall appear to cherish self-reform alone, and to be acutely and sensibly alive to the maintenance of their sole power and monopoly, as at present, and have rejected all these propositions.

"When Greek meets Greek,
Then comes the tug of war!

The legislature is the deciding power! All the energies of the Reformers, by union, concentration, with life and action, are required to realise their majestic, laudable, and invaluable scheme of BROAD, LIBERAL, and COMPREHENSIVE REFORM. They must be instant in season, and out of season; they must be up and doing; they must exhort by precept on precept, line on line; they must move the entire body of the profession to achieve their end, to carry their point. Apathy, indolence, indifference, and torpor, ever the bane of the profession, must be cast off, and every man must cease to pray to Hercules, and put his own shoulder to the wheels. The Reformers expect every man to do his duty.

The Reformers have the better and more just cause, and the Colleges the stronger, older, and more concentrated power. The one is our army, the other is our garrisoned fortress, surrounded with old walls, moats, and formidable fortifications. The result of the conflict will depend on the courage, unanimity, co-operation, and firm determination of the Reformers. We shall counsel them presently on this subject.

But the Reformers, in proposing this form of institution, propose to legislate by mutual concession, and seem, by no means, to desire to alienate, subvert, or abolish the medical and surgical corporations of the United Kingdoms, provided that they will assent to REPRESENTATION, to GOVERNMENT by LEGAL LAWS, and EQUAL PRIVILEGES, purifying themselves, and renouncing unjust distinctions. They proposed also to separate the surgeons from the apothecaries, and affiliate the apothecaries to the druggists, their natural relations. They are also resolved to have representative and responsible councils, who will ensure equal honours, equal rights, and equal immunities. They also propose, after the incorporation of the whole profession in one faculty, to have one examining and licensing board in each capital. After the examination and licensing of the one faculty, the Colleges of Physicians will be expected to receive the members as members, and the present corporate bodies will then thrive, not as they do now, but by raising their members to respectability and distinction.

APOTHECARIES' HALL, LONDON.

List of Gentlemen who passed their Examination on Thursday, May 20, 1841:—

Charles Cowell Turner, Bideford; John Tooker Spry Jolly, Torquay; Horace Vidal, Ilfracombe; Robert Newham Barnes Mathews, Lowestoft; James Alexander, Edenbridge; William George Tiley, Reading; Duncan Robert M'Nab, Epping; William Burdett Letters, Rochdale; Edwin Pinder Fordham; Evan Burnell Jones, Kennington; John Adam Townsend, Farnham.

Thursday, May 27.

George Thomas Vicary, Warminster; William Collard Pyne, Wellington, Somerset; Charles Saunders, Foulsham, Norfolk; R. H. Carter, Kent; Thomas Lightfoot, Nottingham; John Duncan, South Shields, Durham; Charles Fox, Devonshire; John Gray, Bath.

RETURNS UNDER THE ANATOMY ACT.

To the Editor of the 'Medical Times.'

Sir,—Upon reading over the report of the discussion which took place in the House of Commons, when Mr. M'Lean moved, on the 20th ultimo, for returns, 1st, Of the number of Anatomical Inspectors; 2nd, Amount of salary paid to each, and allowance for travelling expenses; 3rd, The number of visits made by each Inspector to each school; 4th, The number of subjects sent to each school, and the *dates of their delivery*; it appears all were granted except the latter return, which was opposed by Messrs. Fox Maule, Wakley, Warburton, and Lord John Russell.

Sir, there may be substantial reasons why they did so. Mr. Fox Maule's father is a medical school proprietor; Mr. Warburton (the framer of the Anatomy Act, and the controller of the private inquiries into its administration), is a partner in the same medical school, Lord John Russell has also dirtied his fingers with the job. In Mr. Wakley, principles are certainly not justly balanced to make a patriot, his career, more particularly as a journalist, has been marked with the most illiberal partiality, and the most relentless and persecuting vindictiveness; and he is inseparably and closely allied with the same knot of Whigs, whilst he outwardly sports professions of ultra-liberalism. The fact is, the return of the number of subjects dissected at each school, together with the dates of their delivery, is of the greatest importance, inasmuch as it would prove (if correctly made) how far this Act has been a tool in the hands of a Whig cabal, to favour their own monopoly — *and this they dread.*

Mr. Maule would yield to the giving up of all the returns except the one alluded to.—Mr. Wakley said, that "the Secretary of State had no power under the Act to regulate the distribution of bodies, nor had the Inspectors any power unless by agreement with the lecturers." Horrible! This admission in itself sufficiently proves the villany and imperfection of the Act. What! leave it open to the chicanery of the teachers? the most powerful of whom, in Whig interest and parochial influence, would always monopolize, without the interposition of the Secretary of State, the subjects, and thereby the pupils, as they did in the years 1834 and 35, with a view of crushing the private schools. Mr. Wakley proceeds: "This was a subject that could not be mooted in the House with advantage; it was attended with enormous difficulties;" (why?) "violations of decency of the grossest kind, and crimes of the most flagrant character, had been daily perpetrated in every great town in the Kingdom before this act passed, and such scenes would be renewed if anything happened by which it should be repealed."—Admit it—but does this prove the non-necessity of a proper inquiry? What post will Mr. Wakley run his head against next? What reasonable being ever desired a total "repeal" of the Anatomy Act? We only desire that it shall be amended for the benefit of the public, and so as to facilitate, and duly regulate, the prosecution of anatomical science, and that its mode of administration shall be no longer subjected to the caprices of teachers.

It has been hinted, with an assumed air of delicacy by Messrs. Wakley, Warburton, and Lord John Russell, that it is not a fit subject for public discussion.

Baser nonsense than this could not be possibly broached. The pursuit of anatomy is a necessary evil, the lives of both rich and poor are equally implicated with it. I will venture to assert, that no topic so broadly and vitally interests the public as a good anatomy act properly administered; and I thought it *was once* one of Mr. Wakley's tenets, that everything which concerned the public should be publicly discussed, and that the public should not be hoodwinked about their own business. Lastly, it is truly astonishing, that Mr. Wakley should have the ill judgment to risk such a mis-statement as the following in the teeth of facts. He says, "with reference to the operation of the Act itself, no complaint could with justice be made of it."

Mr. Warburton, it appears, in the same discussion, represented the Anatomy Act as all perfect, and that "its operation has, *since last session*, been entirely successful. There had not been a single complaint from any school of its not having been called into effect satisfactorily."—"*Since last session!*"—Pray what has "last session" to do with the mis-doinf he years 1833, 34, 35, 37, 38, and even 39? and which said jobbing in the distribution of subjects may occur again from the same cause, viz., the imperfection of the act; for in case a Secretary of State should have a political pique against a school or a lecturer, upon application being made for redress or the correction of any wrong sustained in the distribution of bodies, he may turn round and say—you teachers must manage matters amongst yourselves, the act does not provide for my interference; and the consequences would be, that a number of students would be turned out upon the world to victimize the lives of those who pay for the enaction of good laws and their just administration.

Does Dr. Somerville forget, that in the session of 1833 and 34, I was deprived of dissection, and obliged to continue my lectures upon the bones until Christmas, whilst the London University, and some others who enjoyed parochial influence, monopolised all the bodies? Does he forget that when I then made application to him, his reply was, that it was no good on my part "to cry stinking fish?"

Does he forget that for the first two months in the winter session of 1834 and 35, I was also kept without dissections? I can prove by a multitude of witnesses, that my class then consisted of about 120 pupils, out of which there were 90 regular attendants who required dissection;—thus was the prosecution of anatomy stopped, and thus were the lives of the public placed in jeopardy by this abominable act. My statements to Lord Melbourne at that time, I have a right to conjecture, gave rise to the private inquiry—of which inquiry, you perceive by the following letters, I knew nothing, although I was the aggrieved party, until last March twelvemonths; for pursuant to that inquiry, an order was issued by Lord Melbourne to the inspector that there should be an equitable distribution of bodies, and a notice was sent me accordingly.

Thus, Sir, the equitable distribution was established by the interposition of Lord Melbourne, as a matter of expediency, and not by any arrangement made between the teachers; thus, Messrs. Wakley and Warburton must have known when they mis-represented the matter in the House.

In spite of this, however, the same dirty work (as proved by dates by me at the private inquiry of March twelvemonth last) was perpetrated, notwithstanding my repeated applications and remonstrances to the inspector, at the commencement of the winters of 1837, 38, and 39, during the time of the entrance of pupils to the lectures, which lasts the first month or six weeks in each session; and this evidently for the purpose of building up the University by the destruction of other schools, for be it remembered, that the pupils will not enter where they see no dissection, inasmuch as it creates a false impression, that the school can obtain no supply. I repeat again, *they dare not produce the dates of delivery.*

In the private inquiry of 1834, and private indeed it was kept, Dr. Somerville thought it a convenient opportunity to risk two voluntary falsehoods against me, viz., that I gave a false return of the number of pupils composing my class; and, secondly, that a deputation of my pupils, who waited upon him in 1834, mobbed his house, and made a disturbance in the street, whilst waiting to know whether he would condescend to give them an audience—the rank falsehood of both these allegations, I will satisfactorily prove by witnesses at the next committee of inquiry.

I beg to direct your attention to the following letters which passed between Mr. Warburton and myself, subsequently to my examination at his private inquisition last March twelvemonths.

"Sir,—Will you be so good as to inform me of the date and title of the printed report which you read to me during my examination at Somerset House, containing the allegations on the part of Dr. Somerville, against my character?"—Yours, obediently,

"G. D. Dermott."

"15, Charlotte-street, Bloomsbury, April 10th, 1840.

"An answer to-morrow will greatly oblige."

"To Henry Warburton, Esq., M.P."

His answer follows:—

"House of Commons, April 10th, 1840.

"Sir,—I decline at present giving you the information you ask for.—Sir, your obedient servant,

"Henry Warburton."

He subsequently sent me the following note:—

"Sir,—Before printing off the evidence you gave to the commissioners on the working of the Anatomy Act, I wish to read the same over with you. I will call upon you for that purpose on any day, at any hour you will appoint. —Sir, your obedient servant,

"Henry Warburton."

My answer was as follows:—

"September, 2th., 1840.

"Sir,—I have received your note, wherein you request me to appoint a time for your calling at my house for the purpose of reading over to me, previously to its being printed, my evidence given before you, at your private committee, in March last.

"Sir, the sum total of my evidence can be comprised in a few words, viz., that I give the lie direct to the principal points of Dr. Somerville's statement made before one of your private committees of inquiry, and printed under your superintendence so long since (I understood from you) as the year 1833 or 1834. The existence of which false statement, containing most base and foul allegations against my character, I had no idea of it whatever, until to my astonishment you had the manly candour, and the resolution to read the printed document at your 'hole and corner' inquiry, to which you summoned me in March last.

"Add to this my simple request made to you, April 10th, 1840, pursuant to the last referred to inquiry, viz., that you would be so good as to inform me of the date and title of the printed report which you read to me during my examination at Somerset House, containing Dr. Somerville's statement—what was your magnanimous reply, April 10th, 1840? 'Sir, I decline at present giving you the information you ask for!' Compare this with the axiom lately advanced by yourself in the House of Commons, in the case of Pare, (of Socialism noteriety) 'that it is an act of injustice towards an individual

to have an exparte statement made against him, without the privilege being given of defending himself.'

"But the most indelicate part of the business is your so prominently mixing yourself up with these private inquiries, touching the interests of individual schools, whilst you are at the same time a school proprietor.

"Under these circumstances, I shall positively refuse seeing you *privately* about the business, and no power on earth shall oblige me to do so; but I have no objection to meet you in the presence of a third person of my own choosing, or, should you prefer it, to look over and revise the evidence, which I will duly return.

"Be it as it may, nothing can overcome facts and dates, (referring to the administration of bodies to the different schools,) and the evidence of creditable witnesses. I hate private inquiries respecting public matters, because they give umbrage to juggling and exparte transactions; they are bad in principle, and you have more than once in former times expressed yourself to the same effect.

"I shall lay my own account before the public, and take good care to advance proofs in support of my statements.

"G. D. DERMOTT."

In reply, I received the following:—

"Sir,—I cannot adopt in your case, for the revision of your evidence, a different course" (!) "from that which I have adopted for the like purpose in the case of other witnesses; and as you decline allowing me to call upon you, in order that we may read over your evidence together, I am obliged to be without the benefit of your revision, and must print off your evidence in its present shape, correcting only any obvious verbal inaccuracy.—Your obedient servant,

"HENRY WARBURTON."

Thus, Sir, the matter stands at present. It is the opinion of a high legal authority, that my case, as to pecuniary injury, in reference to the conduct of Dr. Somerville in distributing bodies, will sustain heavy damages in a court of law.

It will now be for the public to determine, whether Dr. Somerville is worthy any longer to retain his office—whether the least confidence should be placed on Mr. Warburton—whether the Anatomy Act is perfect and requires no amendment—and if it was not artfully framed for pecuniary and party purposes.

As the rich reap the advantages of dissection in a medical point of view, let them also share in common with the poor the inconveniences inseparable from it, and the only fair way that has suggested itself to my mind, would be a clause in any bill to the following effect: *that each person possessing property, or the relatives of the said person, when the individual is deceased, shall pay a sum to redeem his or her body from dissection; the amount of the said premium of redemption being in a ratio to the actual amount of property possessed by the deceased during life; and that the fund thus produced, shall be employed for the purposes of meeting the necessities, or alleviating the miseries of the surviving indigent relatives and families of those who have bequeathed their bodies for dissection.*

There would then be a moral merit attached to an individual who voluntarily bequeathed his body for dissection, inasmuch as it would frequently be done for the good of his surviving family, as well as for that of the public.

Lastly, Sir, it is fortunate for the people that there is a party in the House, quite independent of the Whigs, who are determined to investigate the matter.—I am, Sir, your obedient servant,

"G. D. DERMOTT."

"Charlotte-street School of Medicine.
"June 8, 1841."

COURT OF QUEEN'S BENCH.

May 25, 1841.

SOCIETY OF APOTHECARIES *v.* GREENOUGH.

THIS was an action to recover penalties from the defendant for practising as an apothecary at the town of St. Helens, in Lancashire, without possessing the certificate required by the Act of the 55th Geo. iii., c. 194, which was tried before Mr. Baron Maule and a special jury, at the Liverpool Summer Assizes, 1839, when a verdict was found for the defendant.

Mr. Cresswell having in a former term obtained a rule *nisi* for a new trial, on the ground of misdirection of the learned judge, the rule now came on for argument.

Mr. Justice Coleridge having read the judge's report,

Mr. Watson appeared on behalf of the defendant to show cause against the rule. The learned judge had told the jury that what was done by the defendant was, an acting as an apothecary, unless the jury thought that he was acting as chemists and druggists acted at the time of the passing of the Apothecaries' Act; and that it was a question of fact for the jury to find what the practice of chemists and druggists had been at that period.

Lord Denman: Can you defend that ruling, Mr. Watson?

Mr. Watson: I apprehend, most decidedly, I can defend it, my Lord.

Lord Denman: If he has acted as an apothecary, what would it have signified if he had acted as a chemist also?

Mr. Watson: Because the statute expressly provides for it in the 28th section.

Mr. Justice Coleridge: That is not to prejudice the trade of a chemist and druggist in preparing and dispensing drugs.

Mr. Watson: "Dispensing" is the very word used, both in the Apothecaries' Charter and this Act of Parliament. Apothecaries were persons who kept shops, and who dispensed medicines at the request of their patients.

Mr. Justice Coleridge: What operation do you say the Act of Parliament has, then?

Mr. Watson: It has this; it leaves the chemists and druggists to dispense medicines in any way that chemists and druggists had been in the habit of dispensing medicines before. According to the best opinion of all medical practitioners, the uniform opinion on the subject is this, that the Act of Parliament left chemists and druggists to deal with medicines as before; that is to say, either to sell medicines over the counter, or, if they were bought, to send them to the patients.

Mr. Justice Coleridge: But not to go and visit a patient and attend upon him?

Mr. Watson: There is no objection to their visiting, if they merely charge for their medicines. That is the very question that has been agitated with regard to physicians.

Mr. Justice Coleridge: One of the defendant's bills expressly charges for visits.

Mr. Watson proceeded to contend that a person who merely sells medicines—though he may visit, though he may prescribe, still if he does it merely as a chemist and druggist, and does not hold himself out as an apothecary, he is not within the Act. That, under the 28th section of the Act, chemists and druggists were protected in doing whatever chemists and druggists had done before the passing of the Act, and that the judge was right in leaving it as a question of fact for the jury to say what the practice of chemists and druggists was before the passing of the Act. That the learned judge could not have taken upon himself to say that attending a patient, or prescribing for a patient, and making up the medicines, was practising as an apothecary, and not as a chemist and druggist.

Lord Denman: You say there was no evidence of what a chemist and druggist was before the passing of the Act? Does not the direction amount to this, that a chemist and druggist might act as an apothecary before the statute?

Mr. Watson: No, my Lord; the learned judge's direction was this: "Gentlemen, you are to tell me this—we want to know what the practice of a chemist and druggist was." The jury said, "May we ask for the distinction between a chemist and an apothecary?" upon which Mr. Baron Maule said, "Gentlemen, you must tell *me* that, and then I will tell you what the law is on the subject:" so that really, after all, it was a question of fact. The learned counsel then cited the case of the College of Physicians against Rose, 1 Brown's "Parliamentary Cases," 78; and observed, that from the reign of Henry the Eighth down to the reign of Queen Anne, it was supposed that no one could prescribe any medicines but physicians.

Mr. Justice Coleridge: In 1815, when the Act passed, what distinction do you say there was between chemists and druggists and apothecaries?

Mr. Watson: I say there really was none substantially.

Mr. Justice Coleridge: If so, then why were not the chemists and druggists put under the same regulation as the apothecaries? I want you to tell me the distinction between them at the time of the passing of the Act.

Mr. Watson: I say, my Lord, that at that period the apothecary went and attended his patients from time to time, and that chemists and druggists did the same when they were asked to do so.

Mr. Justice Coleridge: Then there was no distinction.

Mr. Watson: Only people went to the apothecaries because they were a better educated class.

Mr. Justice Coleridge: Then, according to your argument, the better educated class were governed, and the worse educated class were left as they were.

Mr. Watson: If my client had set over his door "Dr. Greenough," and had got a gold-headed cane, and had gone out prescribing, I submit there was no law to prevent him. Supposing a coach-load of passengers had been upset, as I said when I addressed the jury, and he had attended them all for six months, and cured them, and prescribed for them, he could have recovered from them all, if he had held himself out as a surgeon. It is not an Act to regulate the medical profession.

Mr. Justice Coleridge: It is to regulate the apothecaries. You say an apothecary and a chemist was the same thing at that time.

Mr. Watson: They both engaged in pharmacy, but they were not an equally-educated class. No doubt, my Lord; what I contend for is this, that as chemists and druggists, if I went into a shop, and asked them to prescribe for me, I put myself into the hands of a person who had not received so good an education, and I must take the chance of that; but still there was nothing to prevent them doing so. If a man holds himself out as a chemist and druggist, and I choose to go to him, and ask him for his advice as to what medicine I ought to take, that is merely practising as a chemist and

druggist, as it would be merely (using the words of the statute) a "dispensing of his medicines."

Mr. Justice Coleridge: Surely it cannot depend upon his recommending you medicines in his shop, or his getting into his carriage?

Mr. Watson: If a person holds himself out as an apothecary, and goes round and visits as an apothecary, then, I admit at once, he would be liable to the penalties.

Mr. Justice Williams: In what way do you say this man acted?

Mr. Watson: I say he held himself out as a chemist and druggist, and nothing else, my Lord.

Lord Denman: What was the meaning of chemists and druggists before the Act? Were they in the habit of attending as well as mixing the drugs? And if so, would not the doing that afterwards be an infringement of the Act?

Mr. Watson then cited the case of Allison *v.* Haydon, which decided that a surgeon who was not an apothecary could not recover for medicines and attendance in a case of typhus fever; and argued that the plaintiff had in that case held himself out as an apothecary, and that it was no authority against the present defendant. The learned counsel concluded by calling upon the Court to support the direction of the learned Judge.

Mr. Cresswell: My Lords, I am quite sure that no jury having that respect for the opinion of a learned Judge, which all juries are bound to pay, could have found any other verdict than that which they did, under his Lordship's direction. It amounted, my Lords, to a direction for the jury to give the verdict they did, while the jury almost remonstrated against it.

Mr. Watson: I don't know where you find that.

Lord Denman: I think it is clear the direction assumed that character.

Mr. Cresswell: The jury came back and said, in the absence of any evidence of what was the practice of chemists and druggists before the Act, We find for the defendant; desiring to hand a written paper to the learned Judge, which he refused to receive; he saying, I give you my opinion on the law—you had better find a verdict absolutely one way or the other, according to that opinion; and then they found a verdict for the defendant.

Lord Denman: At all events, there was a *primâ facie* case, and it was for the defendant to take himself out of the Act.

Mr. Justice Patteson: I don't see the least possibility of doubt in this case, unless it can be said that an apothecary and a chemist mean the same thing, whereas the Act distinctly negatives it.

Mr. Justice Williams and Mr. Justice Coleridge concurred; and the Court, without hearing the plaintiff's counsel in support of the rule, made the rule for a new trial absolute.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

May 25, 1841.

DR. WILLIAMS, President.—'Case of Subclavio-Axillary Aneurism, successfully treated by Operation. By F. C. SKEY, Esq., F.R.S., Assistant-surgeon to St. Bartholomew's Hospital.'—The aneurismal tumour in the case here related was of small size, and was situated at about an inch from the outer border of the left scalenus muscle. It had existed about two months when the patient put himself under the care of the author, and as it was rapidly advancing the operation was immediately determined on. The mode of performing the operation is thus described:—"I commenced an arched incision about three inches above the clavicle, close to the outer border of the sterno-mastoid muscle, and carried a little outwards, curving it in towards the clavicular origin of the muscle, which I exposed to somewhat more than one-half of its length. This flap, convex towards the acromion, I reflected with the platysma muscle. A little careful dissection with a blunt silver knife exposed the lower belly of the omo-hyoideus and a portion of the sac through the walls of which the pulsations of the artery were visible. On the inner side the external border of the scalenus was also exposed, and by tearing away the cellular tissue in this space by means of a blunt hook and a silver knife, the transversalis colli and supra-scapular arteries were brought into view, arising from the thyroid axis within the scalenus muscle, and proceeding outwards across the bottom of the wound to their destination. Above the transversalis colli was felt the subclavian artery, and above it the lower branches of the axillary plexus of nerves. Having slightly detached it from the rib, I had no difficulty in passing around it an armed needle at a quarter of an inch on the outer side of the scalenus." The progress of the case was tolerably favourable, until the seventeenth day after the operation, when appearances manifested themselves in the left leg and thigh, which the author attributed to phlebitis. The treatment of this symptom consisted in excoriating the surface over the affected vessels with water nearly boiling, and anointing the excoriated surface with mercurial ointment mixed with opium. The ligature separated on the forty-seventh day after the operation.

The author declares his decided preference for the mode of incision adopted in this case, over the more usual one along the line of the clavicle, on account of the greater facility of approaching the vessel to be tied, as well as the greater probability of escaping troublesome, if not dangerous, hæmorrhage. The paper concludes with observations on the severe constitutional symptoms which frequently follow the ligature of large vessels, and which, in the case now related, were particularly urgent.

'Case of Aneurism of the Right Subclavian Artery, in which a Ligature was successfully applied. By JOHN P. HULTON, Esq., Surgeon to the Liverpool Infirmary.' Communicated by Sir B. C. Brodie, Bart.'—The patient, a warehouseman, aged 35, of robust frame, was admitted into the Infirmary in December last, with a strongly-pulsating aneurismal tumour immediately below the clavicle, raising that bone considerably from its natural position. The disease had its origin from an accident which occurred three months previously to his admission, when, having fallen from a pile of cotton, his fall was suddenly arrested by a hook, which suspended him by his arm. Notwithstanding the appearance of the swelling three weeks after the accident, and the great suffering which attended its rapid increase, he continued to follow his laborious employment until the 24th of December, and did not present himself at the Infirmary until the 30th. Between that time and the 8th of January, when the operation was performed, a rapid increase took place in the size of the tumour. Unlike the author of the paper briefly alluded to above, Mr. Hulton prefers the mode of making the first incision which was first recommended by the late Mr. Ramsden, viz., that in the line of the clavicle, from a belief that thereby hæmorrhage is more likely to be avoided. "The integuments were drawn down a little over the clavicle, and with the platysma myoides divided by a scalpel upon the upper edge of the bone to the extent of about three inches, the incision commencing nearest the shoulder, and terminating just beyond the sterno-mastoid muscle. The integuments above the incision, and on the outer edge of the sterno-mastoid muscle, being pinched up, were next separated by one sweep of a sharp-pointed bistoury, cutting from within outwards, from about the middle of the first incision in a line upwards and backwards, for two inches and a half, due regard being paid to the course of the external jugular vein." By means of the freedom afforded by the external incision just described, the author was enabled to complete the remaining stages of the operation without difficulty, and a double ligature was placed around the artery, at a depth of two inches below the clavicle. The hand, arm, and shoulder were enveloped in a thick layer of warm-carded cotton. The result of the case was most favourable; the ligature came away on the 12th day, the incisions healed rapidly; his recovery was uninterrupted by any bad symptoms up to the 27th of February, on which day the aneurismal swelling had almost disappeared, and pulsation was distinct in the radial artery. After this the swelling again became large and painful, though without pulsation, and matter formed in the situation of the sac. This being evacuated by a trocar to the amount of twelve ounces, was found to consist of very offensive pus mixed with putrid blood. On the 3rd of April the patient was entirely well.

Immediately that the secretary had *finished* reading Mr. Skey's paper, which *entered into* many minute details, relative to the physiological as well as the pathological history of the case,

Dr. Copland rose and said, that as an "independent man," and not knowing who was the author of the communication which had just been read, he could not help remarking—and he was sure that many members felt as he did—that the paper in question was unusually prolix and verbose. He thought it an injustice to other gentlemen who had papers announced for reading during the present session, inasmuch as it would be impossible for them to be read, should papers of such an unnecessary length as the present be permitted to be brought before the society. He thought it was the duty of the secretary to condense or abbreviate those parts of a paper which were altogether unnecessary; this was particularly the case at a crisis like the present, when there were fourteen papers announced, and there were only two more nights of meeting this session.

Mr. Perry remarked, that he was not at liberty to curtail an author's paper in the manner recommended by Dr. Copland. It might occur, indeed, if he did take such a step, that he might take out of the paper the very parts which the author considered of the greatest importance. It was not so easy a matter to condense papers as might be imagined. If authors, however, would send their papers at the commencement instead of at the termination of the session, there would be no cause for complaint that papers could not be read. Instead of this plan, however, being pursued, the society had frequently, at the early part of the session, great difficulty in getting any paper; whilst towards the conclusion, papers were crowded in, and could not be read. He hoped this fact would be borne in mind at the commencement of the next session.

Dr. Williams observed, that the laryngeal symptoms which followed the operation, were not, probably, dependent upon that proceeding, but were the result of hysteria.

Dr. Addison observed that the symptoms alluded to were by no means uncommon in cases of aneurism of the arch of the aorta, altogether independent of the performance of any operation, and were the result of pressure on the recurrent nerve. These symptoms would also arise from injury inflicted on the nerve during the operation, or from subsequent inflammatory action dependent upon that proceeding.

Mr. Perry inquired of the author of the paper, whether the plan he had pursued in the "phlebitis" which had occurred in the case detailed, was the one which he generally followed, or whether he was induced to adopt it in this instance from any peculiarity in the case? Was the practice, in fact, supported by any previous experience?

Mr. Skey, before replying to the questions which had been put to him, would make a remark or two upon the observations which had fallen from Dr. Copland, and which were more true than courteous. The facts regarding the paper were these:—He recollected that when he was on the council of the society some years since, that there was a great disinclination to receive a single case, unless there were some observations attached to it: at first it had not been his intention to read the present case before the society, but at the solicitation of several of the members he had been induced so to do. He believed the remarks at-

tached were prolix, but he nevertheless thought them necessary, for it was only by such minute details that any just inference could be drawn, as to whether the symptoms under which the patient laboured were the results of the operation, or were dependent upon the congestion, or blood behind the ligature. With regard to the remarks of Dr. Addison, he (Mr. Skey) would not venture to say that no nerve was included in the ligature. Sir B. Brodie had assisted at the operation, and, perhaps, would be good enough to state whether it was likely that such was the case. The symptoms, however, which might be referrable to such an accident, were intermittent, and at last altogether subsided; proving, perhaps, sufficiently, that no nerve could have been included in the ligature. With respect to the treatment he had employed in the phlebitis which ensued in this case, he had only to remark, that he never pursued a similar mode before, and was induced to try it in this case, because he knew of no other plan which could have been safely followed.

Sir B. Brodie was present at the operation in this case, and would take this opportunity of remarking, that the proceeding was conducted with great dexterity and coolness. He had carefully examined the artery when it was exposed, and believed that no nerve was included in the ligature which was placed round the vessel: with regard to the symptoms stated by Dr. Addison, as occasionally observed in aneurism of the arch of the aorta, and their dependence on pressure upon the recurrent nerve, it was certainly not so in all cases. He attended some years since a servant of the late Mr. Canning: this patient had been long subject to symptoms resembling inflammation of the trachea, as difficulty of breathing, &c.; these symptoms on one occasion became suddenly more urgent, and the man died. On examination, an aneurism of the arch of the aorta was found pressing upon the trachea, the calibre of which it had diminished to half its natural size. The mucous membrane of the tube was in a state of inflammation.

Dr. Addison had not intended to hint that in the case under discussion, any nerve had been included in the ligature. He had no doubt, however, that pressure on the recurrent nerve by an aneurism in the neighbourhood of the arch of the aorta did occasionally produce the laryngeal symptoms referred to. He recollected, at the present moment, one case in particular of a man who was admitted into Guy's Hospital with sore throat and symptoms of laryngitis; he suspected, from the peculiarity of the man's appearance, that there was aneurism of the aorta. The man died at the expiration of some months; and on examination two small aneurisms about the arch of the aorta were detected; one projecting forwards, the other backwards, and pressing upon the recurrent nerve. He had seen several cases in which irritation of this nerve produced the symptoms in question.

Mr. Blake did not consider that the symptoms of reaction which followed the ligature of a large artery as due to the increased force of the blood in the remainder of the arterial system; for although the experiments of Magendie and others would show that the effect of diminishing the vascular system by the ligature of a large artery, was to increase the pressure on the rest of the arterial system, yet these experiments would not apply to instances in which an artery had been tied for disease. In these cases there could be no doubt that the vessels carrying on the collateral circulation soon became enlarged before the aneurism attained any size; but as the tumour enlarged, not only was the main artery itself obstructed, but by its pressure on the collateral vessels it prevented the passage of the blood through them; the consequence was, that the parts beyond the aneurism were imperfectly supplied with blood. As soon, however, as a ligature was passed round the main artery, the aneurismal tumour became diminished, and the pressure was accordingly taken off the collateral vessels; so that instead of there being a greater quantity of blood thrown back into the rest of the arterial system, he (Mr. Blake) considered that immediately after the operation the limb received more blood than it had done before; a fact sufficiently evidenced by the increased temperature of the limb. Experiments performed on dogs showed that, immediately after the ligature of the femoral artery, nearly two-thirds as much blood circulated through the lower extremity as before the operation, although, the artery being healthy, there had been no previous provision for carrying on the collateral circulation. Immediately after the ligature of the artery, the pressure in the lower part of the vessel was equal to a column of mercury of 3.5 inches, whilst it was only from 5 to 5.5 in the other parts of the arterial system.

Sir B. Brodie said, in reference to the effects of operations on large vessels, that he remembered a case, some years since, which was attended by very odd symptoms, and which he was quite at a loss to explain, but had considered, at the same time, that they were the result of some injury inflicted on the nervous system. A man was operated upon in St. George's Hospital for aneurism of the subclavian artery. There appeared to be no reason to expect any untoward symptoms, but two or three days after the operation the man's pulse became full and rapid; he was attacked with profuse perspiration, and every now and then with the appearance of great venous congestion in all the extremities. He sunk; and after death the upper extremity, opposite to that upon which the operation had been performed, was in a state of complete gangrene, there was no symptom of inflammation of the veins present. In another case which occurred some time afterwards, of a lady, from whom he removed an "aneurism by anastomosis" from the forehead, by means of ligatures, all did well for some years; at the expiration of which time a small pulsating tumour made its appearance on the upper part of the cicatrix, consequent upon the former operation. This tumour was about the size of the end of the little finger; and as the patient was very anxious for its removal, two needles were passed under the growth, round which ligatures were tightly placed. All seemed doing well for two days, at the end of which time the extremities became dark, as if from venous congestion, and with this symptom, the most prominent, she died. After death, one arm was found in a state of gangrene.

Dr. Copland had long since come to the conclusion, that operations on the large vessels of the trunk or neighbourhood were frequently followed by great mischief to the ganglionic nerves, altogether independent of obstruction; an opinion which seemed also to have been entertained by the able surgeon who had last spoken. This danger, he thought, was particularly to be feared in the cases in which the subclavian artery was the seat of operation, surrounded as that vessel was with so many important parts of the ganglionic system. The ligature in these cases must include some portion of these nerves; the shock produced by which was followed, in some cases, by more or less venous congestion, and in others with irritative fever. The effects produced were rather those of a vital than of a mechanical nature. He believed that, in Mr. Skey's case, there was no phlebitis present.

Mr. Arnott regarded Dr. Addison's view of the occasional occurrence of symptoms analogous to those of laryngitis in cases of aneurism of the aorta as correct. He had witnessed one instance of the kind, and had seen the subject of another case where the surgeon, being called to the patient in the night, and finding immediate suffocation to be threatened, performed the operation of tracheotomy, and where, on examination after death, aneurism of the aorta or innominata was found. The occurrence of this class of symptoms was not confined, however, to cases of aneurism, they supervened also on operations for their relief in their vicinity. In the case in which the subclavian artery was first tied by Mr. Colles, of Dublin, on the inner side of the scalenus muscle, so alarming a state of breathing, on tightening the ligature, took place, that he was obliged to undo it. An affection of the respiratory organs also succeeded to the same operation, by another Irish surgeon. In endeavouring to account for these symptoms, it was to be recollected that they did not occur on ligature of arteries elsewhere, of the iliacs or femoral, for instance, but only in the situation alluded to. That they did not always, in operations, depend on a branch of a nerve being included in the ligature would seem to be shown by Mr. Skey's case, where, if a nerve were included, it must have been a very small one indeed. Mr. Arnott had also seen gangrene take place in a distant part some days after an operation. With respect to the existence of phlebitis in this case, he had doubts of its reality; he had been asked to look at a number of cases of "phlebitis" of late, in which there was no phlebitis at all; and in the present instance the symptoms were very different from those which attended traumatic phlebitis, or where there had been a wound or puncture, or a ligature of a vein. The treatment adopted was, however, worthy of recollection.

Mr. Skey thought that the symptoms present in his case were those of phlebitis, and that the peculiar *hardness* of the veins observed could have resulted from no other cause.

Dr. Kerrison recollected the case of Mr. Canning's servant, referred to by Sir B. Brodie. The chief symptom which was present, was the occasional difficulty of breathing, which, on more than one occasion, threatened suffocation. There was no suspicion during life that the patient laboured under aneurism.

MEDICAL SOCIETY OF LONDON.

May 24, 1841.

Dr. Clutterbuck, President. 'Painful Neuralgic Affection of the Rectum removed by division of the Sphincter.'—Mr. Hird related the following case.—Three months since he was consulted by a gentleman at the bar, thirty-three years of age, and of sedentary habits. He had suffered about a year before with a most excruciating pain in the rectum, just within the sphincter. For the relief of this he underwent various kinds of treatment; was leeched and blistered in the neighbourhood of the anus, and took tonics, without experiencing any benefit. He ultimately went into the country, and the pain left him. He was attacked, however, a second time with the same kind of pain, and on this occasion Mr. Hird saw him. He suffered so much on going to stool, that he frequently was obliged to cry out. This led Mr. Hird to suspect that there was some malignant disease in the rectum; but on instituting a careful examination, not the slightest trace of organic disease could be detected. On passing the finger, however, within the sphincter, a spot, rather less than a shilling, was found to be excessively tender; on dilating the anus, and looking at this spot, no alteration of structure could be detected. With the view of diminishing any irritation which might be caused by the passage of hardened fæces through the rectum, the bowels were kept in a relaxed condition, but no relief to the pain ensued. As the pain had something in it of an intermittent character, quinine was administered in tolerably large doses, but it afforded no relief. Carbonate of iron, followed by the arsenical solution, failed in mitigating the pain. Mr. Hird, under these circumstances, proposed the division of the sphincter muscle. This was done by means of a bistoury, the incision being carried right through the centre of the painful spot. Instant relief followed, the wound healed by granulation, and the patient had since done well. Two other patients had since been under his care with the same kind of affection; in one of these all the tonic and other remedies employed in the last case failed of success, and the sphincter was eventually divided, with the result which was experienced in the former instance. In the other case, the patient was under treatment, and had been relieved by the use of the liquor arsenicalis. He was not aware that any other surgeon had performed this operation for a similar complaint, except Mr. Bush, an American practitioner, who had recorded one case of the kind, in which the cure was complete.

Mr. Clarke thought the cases related by Mr. Hird were very similar to those recorded by Dr. Marshall Hall, in his lately published and valuable work, and consisting in the occasional occurrence of a very painful condition of the rectum, and which Dr. Hall had found to be instantly relieved by an effort, on the part of the sufferer, to evacuate his bowels.

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Mr. Pilcher inquired if, in Mr. Hird's case, there could have been inflammation, or effusion into the mucous or sub-mucous tissues, and whether the relief depended upon the blood-letting consequent upon the operation?

Dr. Thomson thought that division of the sphincter ani was occasionally followed by such distressing effects from its rendering the patient unable to retain his fæces, that an operation should not be hastily resorted to. Dr. Thomson related a case where, after the application of a ligature to some hæmorrhoidal tumours, the patient became affected with violent neuralgic pains in the part, shortly after every effort to relieve the bowels, and continuing for four or five hours. Under the use of suppositories of opium, and the internal use of laudanum, the patient experienced some relief. There had been a little abrasion at one time, and this part was tender on pressure; but when the abrasion healed the tenderness did not remain. Was this a case in which the sphincter might have been divided with advantage? French surgeons had long been in the habit of dividing the sphincter for severe pains in the rectum, dependent upon a small fissure in the mucous membrane.

Mr. Hancock inquired whether the tenderness of the sphincter in Mr. Hird's case was the cause or the effect of the spasm? He had seen cases of spasmodic contraction of the sphincter dependent upon little fissures, like chaps, in the mucous membrane, producing irregular contraction of the muscle. He had found the careful dilatation of the parts, by means of a bougie, of much service in these cases. Mr. Hancock related a case in which there was a small tumour of the mucous membrane, something of the shape and size of a currant, giving rise to excruciating pain, but which was relieved by the dilatation of the part; and another case of violent spasmodic action of the intestine, consequent upon the application of a ligature to a hæmorrhoidal tumour; this pain subsided by the use of opium. He thought in Mr. Hird's case the operation was successful by reducing the irregular action of the sphincter.

Mr. Hird had been informed of Dr. Hall's cases, but there was this difference between them and those which he had himself related, viz., that in his, Mr. Hird's cases, the effort to relieve the bowel was of no kind of service. With regard to the cases mentioned by Dr. Thomson and Mr. Hancock, they were altogether different from those which he had detailed, inasmuch as in his own cases there was no kind of structural disease present. He was quite familiar with that class of cases in which a fissure in the mucous membrane of the rectum was productive of spasmodic contraction of the sphincter, and that the snipping out of this fissure usually relieved the spasm. Division of the sphincter in these cases was not necessary This class of cases bore no kind of analogy with those he had mentioned, in which he believed both the pain and tenderness originated in a morbid condition of the nerves, and were both removed by altering that morbid action by division of the sphincter. The operation in neither of the cases was followed by bad results.

Mr. Pilcher did not think that the objection against division of the sphincter, in necessary cases, as urged by Dr. Thomson, was a valid one. It was very rare for any loss of power to follow division of the sphincter in ordinary cases. Hæmorrhage occasionally occurred, but this was usually commanded by pressure. He could hardly decide, in his own mind, whether in Mr. Hird's case the affection was entirely dependent upon the nervous system, or whether there might not be slight inflammation in the mucous tissues, or in the sphincter itself, which inflammation had lighted up the neuralgic pain. It was not impossible that this inflammation did exist, and could not be detected. In the absence of the symptom of inflammation, however, it was but fair to think that the pain was neuralgic. It was remarkable how slight an organic lesion of the mucous membrane of the rectum was capable of producing the most violent and intractable pain.

Died at his residence, Locharrig, Henry Garde, Esq., M.D., aged 84 years.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, June 4th, 1841:—

William Hercules Stevenson; William Hannant; Ralph Mapleton; John George Bowlby; William Henry Yelloly; Thomas Handford; William Fothergill Tuckett; John Gregory Forbes; John Lambert.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—5th Dragoon Guards, Assistant-surgeon W. J. Power, from the 51st Foot, to be Assistant-surgeon, vice Carnegy, who resigns.—48th Foot, R. Bowen, gent., to be Assistant-surgeon, vice Stone, appointed to the 14th Light Dragoons.—51st Foot, Assistant-surgeon T. L. Belcher, from the Staff, to be Assistant-surgeon, vice Power, appointed to the 5th Dragoon Guards.—21st Foot, Frederick William Tupper, gent., to be Assistant-surgeon.—22nd Foot, Thomas M'Grath, M.D., to be Assistant-surgeon.—26th Foot, John Ramsey Bush, M.D., to be Assistant-surgeon.—31st Foot, John Edward Jenkins, gent, to be Assistant-surgeon.—39th Foot, Ludovick Charles Stewart, gent., to be Assistant-surgeon.—40th Foot, Assistant-surgeon Eneas Mackintosh Macpherson, from the 4th Light Dragoons, to be Assistant-surgeon.—62nd Foot, Surgeon Backshall Lana Sandham, M.D., from the 11th Light Dragoons, to be Surgeon, vice Stewart appointed to the 58th Foot.

ADVERTISEMENTS.

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June 12, 1841.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XV.

"Empirics will undertake all cures, yet know not the causes of any disease. Dog-leeches!"—*Ford's Love Melancholy.*

General Practitioners' Bill lost — Apothecaries' Bill passed.

(Continued from p. 118.)

THE upshot, then, of this kettle of fish was, that the counter-jumpers had quietly cuckooed and ousted the old PURE apothecaries and general practitioners out of their nests, by usurping the right of prescribing behind the counter, and very often away from the counter to visit patients at their own houses, without any qualifications, natural or acquired, or any license or legal right, and without even the most "beggarly elements" of any other knowledge, than a hasty look into Motherby's or my Grandmother's Dictionary, Thomas's Practice of Physic, or Ryan's edition of Hooper's Compendium, not one-tenth of which can they comprehend, from their total ignorance of anatomy, physiology, and the true principle of general and special therapeutical practice. The NUMBERS and the MANY of this EMPIRICAL SCHOOL and novel order of English SHAM PRACTISERS, have glided quietly and excursively into the prior prescriptive and ancient rights of the surgeon-apothecaries and PURE apothecaries.

As the nation sunk fast latterly in means and respectability, it has been driven more and more into the hands of these modern BLUE-BOTTLE-COUNTER-DRUGGIST-SURGEONS, who, as practisers, are a spurious race, an "unreal shadow, and a most loved mockery." It is not to be supposed, because the Hall overlooked the intrusions and innovations of these druggists, that the vigilant and observant Reformers were not aware of all the circumstances before 1834, and had called public attention to the machinations and manœuvres of the Druggist-Practisers and Prescribers long before 1827, or 1824, in the 'Transactions of the Associated Apothecaries,' the New Edition of 'Percival's Ethics,' and many other works on Medical Reform. A great deal was said and forewarned "ore rotundo," or in print, upon this subject, which we shall repeat in our future 'Comparative Sketch of Druggists in England, France, and other Countries;' and a great many prolusions in laudable and justifiable satire on Counter-Druggist-Surgeons has been fired off by ourselves, though the cannon was generally loaded by other men.

The Society of Apothecaries experienced the greatest difficulty in confining the practice of an apothecary to those persons who are lawfully qualified so to practise, and to put down the prescribing or out-of-door attendance of the Blue-Bottle-Counter-Druggist-Apothecary or Surgeon. (*Nussey.*) It was stated unanimously by these worthy and respectable members of the worshipful Company, in their important and weighty evidence, that the fact of the interference of chemists and druggists with the general practisers was frequent, and deserving of information and prosecution; but the Hall had received no such information, and had not therefore placed it in the hands of their solicitor. See also the statements of the other five eminent witnesses. Mr. John Nussey clearly explained that the shops of retail druggists and chemists *cannot*, and do *not*, make *good schools* of pharmacy. They are not the proper basis of part of six years spent in the acquisition of medical knowledge. Here we must digress to slip in an important anecdote. A personal appeal was made, about 1827, to our late revered and illustrious preceptor and occasional correspondent, Sir Astley P. Cooper, by our personal friend and colleague in Medical Reform, the late Mr. Charles Averill, a consulting and operative surgeon at Cheltenham, who was esteemed "the *keenest cutter*" and the most highly qualified surgeon of that town, but who unfortunately was killed in Rodney Terrace, Cheltenham, against the curb-stones and pavement before his house, by a fall from the rearing up of a gay colt, in 1830, concerning the gross anomaly of admitting apprenticeships to druggists as part of six years' professional study, according to the substantive regulations of the London College of Surgeons, and the gross anomaly also of qualifying, by a purposely trifling examination, counter-druggist-surgeons and certificate-trotters as regular Members. Mr. Averill and ourselves, and other reformers of a bad profession, had been witnesses of improper animals in human form going up from that Quackish town, and getting the College diploma in some unusual and facile manner. The late highest and most eminent member of the council, to whom, as his old teacher and personal friend, Mr. Charles Averill made this just remonstrance, replied, in 1830, after the dinner which Sir Astley gave, as a visitor, to his former pupils in the profession, at the Plough, at Cheltenham, in 1828, in the following terms, as Mr. Averill stated to us in 1838, in our return from Dublin and Edinburgh. "In conversation with Sir Astley Cooper, I alluded to his intimacy with a certain great personage, George IV., and to the favourable opportunity now afforded for Sir Astley to advert to the present state of the College of Surgeons, of which I am a member, and the necessity of a general reform of the profession, conducted with a broad and liberal feeling, and the particular reforms required; adding, I suppose, that prudence would prevent him from speaking out on these points." "Not so indeed," he replied, "I am of the same opinions as yourself, I declared those opinions freely to * * * * * especially on the subject of the College of Surgeons permitting men coming out of druggists' shops to London, and remaining there TWO WINTERS (!!!) and being received for examination upon the six years' qualification rule, and passed for members without having served an apprenticeship to a surgeon!" Sir Astley then said that he felt this abuse, and that it must be corrected by the Council; that Retail Druggists and Counter-Druggist-Surgeons must be kept out of the profession, but that it required unanimity and consideration; that he was only as ONE MAN, an individual in the Council of the College of Surgeons, irresponsible for, and insufficient himself alone, to correct their errors; that he admitted the infamy of these rules, and he declared that "the provincial apprentices came up so ignorant and illiterate from the country about that time, that they had to teach them everything they knew in too short a space of time; that general practice, with exceptions, was no longer the profession of a gentleman; that though he could invite and enjoy the company of a clergyman, and even a lawyer in his neighbourhood, he found Members of the College, and even pupils of his own, in country practice around him, who were unfitted for admission to his table, and disqualified, by their education, manners, and habits, for gentlemanly society." For our parts, we repeat what we have said before, that having practised within the last twenty years in certain Eastern and Midland Counties, we saw, particularly at the commencement, most of the old school of the general practisers, who had monopolised practice, public and private, in workhouses and dispensaries, and among all the three classes of society in the market towns and their vicinities, make it their daily rule, when they came home at night, unless such as were Dissenters, to "rendezvous" at the "Cat and Bagpipes," or "Pig and Whistle," tuck down their oysters, play at "Whist," smoke and drink, form a burlesque corporation, and nickname themselves and the tradesmen, with whom they were "hail fellows well met," with titles like the Dukes, Sir Harrys, and Lady Babs, in 'High Life Below Stairs,' and exhibit all manner of dralleries to divert themselves. By time and habit, and constant craving for this sort of excitement and relaxation, they became sottish; the gentry remarked that they never passed the first or second inn in the place, without seeing certain professional men coming out at twelve at night on the reel, in a certain melancholy and affecting state, called drunk. But as society grew more refined, exclusive, and fastidious, regular [illegible]

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men of better parts, behaviour, and education at last came down, and with more circumspection, attention, and skill, with the aid of local connexion and interest, cut them out of their best practice one after another, and caused those, who had nothing but their businesses to depend on, to die as poor as Job.

This, and much more of Sir Astley's admission, Mr. Averill told us over and over again from his own mouth, and bade us "take a note of it."

Mr. Nussey says the licensed apothecaries keep better drugs; that the apothecary's shop *primâ facie* is vastly superior for the education of the apothecary and general practiser; the general practiser keeps drugs for private *use*, the chemist and druggist for private *profit*; the drugs of the latter are not to be compared with those of the former in point of quality or efficiency; druggists' shops ought not to be advanced to schools of pharmacy, nor druggists to act as thorns in the sides of the general practitioners.—It would be difficult to obtain a verdict against the druggist and chemist; it would, if considered an offence, be extremely difficult to obtain proof, and still more difficult such proof as would satisfy a jury, of chemist and druggist prescribing and dispensing in his own shop, as if it were an offence. Besides, it might interfere with parties not regularly in the habit of practising medicine, but administering medicine occasionally to persons seeking aid at their hands, under circumstances of urgent necessity. *(Mr. Nussey and Mr. Ridout, &c.)*

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 5th June, 1841:—

Epidemic, endemic, and contagious diseases	117
Diseases of the brain, nerves, and senses	143
Diseases of the lungs, and other organs of respiration	243
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	48
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	14
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	0
Diseases of uncertain seat	93
Old age, or natural decay	45
Violent deaths	31
Causes not specified	1
Deaths from all causes	763

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, June 11th, 1841:—

Joshua Barlow; John Bennett; Robert Smith Davison; Henry James Shirley; Matthewson Corry; Samuel Adamson Homan; John Franks Cluttenden; Charles Futford; William Thomsett; Charles Day; Michael Daniell; John William Moore Miller.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

Lecture IX.

The study of the generative economy of insects is replete with the most interesting and beautiful facts. In the previous lecture, the anatomy of the male organs was considered. The entire class consists of distinct males and females; the only instance in which an hermaphrodite organisation has been suspected to exist is in the genus Aphis, the plant louse, which possesses the extraordinary power of producing eight successive generations of fertile females, the fertilizing power being dissipated only in the ninth and tenth. The females are provided with eight tubular ovaria. In the male, there are four, five, or six secreting utriculi, opening into a common vas deferens, which has a separate termination in a distinct penis at each side; there are, besides, vesiculæ seminales.

In the female organs of generation of insects there is scarcely less variety than in the males. Thus, in the Cetonia there is a common efferent duct, which divides into two branches, and these again into ten ovarian tubes; besides three accessory follicles, of which the third is very much dilated. There is no distinction of structure between the oviducts and ovaries in the insect tribe. In the Diptera, which present a very simple type, there are, as in the Chameleon fly, two ovarian sacs and three accessory glandular organs. The Hive Bee is provided with the means of becoming the mother of a numerous progeny, by the multiplication of simple tubular ovaria. An accessory glandular organ communicates with the vaginal canal; and a second, much dilated and connected also with the vaginal canal, is the apparatus for the secretion of the poison.

In Lepidoptera, the tubular ovaria are coiled in a beautifully spiral manner. Near their vaginal termination is a membranous bag, the spermotheca, for receiving the male fluid and the intromittent organ, a glandular sac, and a smaller one analogous to the poison bag of the bee, secreting, very probably, some adhesive fluid for agglutinating the ova, after their extrusion.

Herault and Rudolph Wagner have explained the mode of development of the ova of insects, in their excellent and elaborate researches. The ova of insects are constantly disposed within the ovaria in strings. At first, a vesicle alone is apparent, around which a second vesicle is formed, which becomes gradually separated from the first by the endosmose of a peculiar fluid. Reaching the expanded portion of the ovary, a third investment is produced, and a glandular vitelline matter deposited within the second or vitelline membrane. After impregnation, the germinal vesicle and spot are lost, and the vitelline granules assume the form of small globules. [The lecturer here read a quotation from the history of the museum, showing that the attention of Hunter had been particularly attracted to the mode in which the impregnation of such great numbers of ova from a single coitus took place.] Hunter, examining the silk-moth during the period of coitus, observed the penis to be lying within the spermotheca of the female, with a quantity of secretion in the form of a granular fluid. Hence he inferred the use of this sac, and was enabled to understand how the last deposited ova were equally impregnated with the first. The length of duration of the coitus he ascertained to be about ten hours. Having made these observations, his original mind immediately suggested to him certain experiments, which he at once carried into effect. Removing the secretion from the vesiculæ of a male, he gently brushed, by means of a camel's hair pencil, the ova of a female that had been carefully kept from any contact with the male, just as they were excluded from the vagina; eight of these ova hatched, while those which were untouched with the fecundating fluid did not produce young. He thus accomplished, as did Spallanzani in his experiments on the frog, an artificial impregnation. He observed, moreover, that the fecundated ova adhered to the surface upon which they were deposited, while the unfecundated had no such attachment; therefore he considered that male fluid performs an additional office in supplying to the ova a glutinous investment by which their adhesion is procured. Having satisfied himself that the ova of an unimpregnated female were not capable of being hatched, he opened an impregnated female for the purpose of proving that the male secretion was actually poured into the spermotheca. [illegible] removing the fluid from this bag, and brushing it as in the former experiment with the male fluid upon the ova of an unimpregnated female just as they escaped from the vulva, he obtained the same results that he had previously established in the instance of the fluid from the male vesiculæ seminales.

In some insects a certain amount of development takes place within the oviducts, as in the Aphis, in which the young, during the summer season, are born alive. On the approach of winter ova alone are deposited. At the end of summer the parents are provided with wings; it is then that coitus occurs and eggs are deposited, in which the young aphides are developed. It is only those that are produced from ova that possess distinct sexes. In some species a true metamorphosis takes place within the egg. Thus the Musca Carnaria, or flesh-fly, [illegible] living larvæ; the Hippobosca, or forest-fly, deposits pupæ; but the greater part are oviparous.

The ova of insects are as various in form as the seeds of plants; thus, we find them [illegible] oval, pyriform, oblong cylinders, &c. The ova of the dung-fly are furnished with two long and [illegible] like projections, which prevent them from sinking below the surface. Atmospheric air is necessary to development in the animal as it is in the vegetable kingdom; and certain experiments performed,* with a view to prove that the development of the ova of the fowl may proceed when air is entirely excluded, will be shown, in the course of these lectures, to be both unphilosophical and fallacious. The ova are deposited in great variety of modes, some in the form of an aggregated mass of oblong cylinders; others, as the yellow-tailed moth, are inclosed in a [illegible] nest formed of the minute feathers picked from the body of the mother; others are disposed in a spiral direction around the branches of trees. The ova in one instance of an aquatic insect are furnished at the extremity with a star, by which they are enabled to float near the surface.

The condition of an insect, on quitting the egg, defies all comparison with its perfect state, and it was named *larva* by Linnæus. The metamorphosis, however, so complete in all the orders, in Orthoptera and Hemiptera, the young are so similar in form to the adult, that the term larva is scarcely applicable. When the larval and perfect states are so nearly similar, the larvæ have been denominated Homomorphous. Among the Neuroptera the young of the dragon-fly very closely resembles the parent in external form, but differs considerably in internal organisation. Thus, the alimentary canal is larger and more capacious, the mandibles of the larva are modified in the [illegible] insect, and the lower lip is bent beneath the head and terminates in two lobes. In the Cicadæ, of the order Homoptera, an incomplete metamorphosis occurs; the external skin is thrown off by ecdysis, and the animal is then furnished with wings. The ecdysis is not, however, confined to the exterior, for the lining of the alimentary canal is also loosened and cast off. The larvæ of Heteromorphous larvæ, are divisible into two groups, Apodous and Acephalous, according as they may be deficient in feet, as is the case in the Diptera, and many of the Hymenoptera, which have no head, as the Diptera. The heads of larvæ are provided with well-formed heads, and the hyperhexapodal have six true and simple feet, as the ordinary caterpillar. The larvæ of some insects simulate Entozoa in their habits, as do those of the Œstrus equi, which deposits its ova upon the shoulders or fore-legs of the horse, which are then licked from the skin by the animal, conveyed into the stomach, where they are hatched, and attach themselves by means of

* This is an allusion to the experiments made by Mr. [illegible] the Guy's Hospital, and detailed in the Guy's Hospital Rep[illegible]

recurved, mandibular hooks. Although unprovided with legs, the larvæ are furnished with several rows of hooks, which are placed along the edges of the segments, and project in such a manner as to oblige them to move, in a given direction, along the alimentary canal. The larvæ of the Œstrus bovis and Œ. tarandi are deposited beneath the skin of the animal, and, therefore, in place of moving onwards in a certain direction, require to be stationary; hence they are provided with several rows of short spines, pointing in opposite directions.

The larva of the Musca putris buries itself in the mud of pools, and being provided with tubes which reach the surface, is enabled to pump down fresh air, as its wants may require, just as the miner is supplied in the diving-bell. Others have a pediated expansion at the extremity of the tail, by which they are enabled to carry down a bubble of air to the bottom, and rise for more when the oxygen in that is consumed.

In the bee the development of the larvæ is very remarkable. The larval state of insects generally is the period of industry, during which they feed abundantly, and prepare for all the subsequent changes which occur in their economy. The perfect condition is, on the contrary, a very brief period, and its principal object the propagation of the species. The larva of the Melolontha, or Cockchafer, lives an active and destructive life for three or four years, while its period of existence in the perfect state is summed in as many weeks. In social insects, as in the bee, the order is reversed. When the queen bee, with her drones and labourers, quits the parent hive, for the purpose of founding a new commonwealth, the comb is commenced, and the larvæ produced in the course of five days; they are then fed most assiduously by the nurses for four days more, when they go into the pupa state. The nurses, which are females with undeveloped sexual organs, then close the cell, and in ten or fifteen days the young bee creeps forth. It would seem to be a general law among insects, that the young never receive any attention from their parents; in the case of the bees the nurses are their foster parents. The queen is impregnated in the autumn, and deposits her eggs in the spring. The wasps lay up no store, and the whole community is destroyed during the winter by cold and famine. From this general destruction, one male and one female, perhaps, alone escape; and they, as soon as the spring returns, set to work most assiduously to construct their beautiful nests. When the ova are hatched, the mother tends the larvæ anxiously, until they break forth from their case; as soon as ten or twelve are thus born, the economy of the bees is immediately adopted, and the mother forsakes her larvæ. A few only of the females continue to deposit eggs, while the others take on the duties of nurses. The duties of the nurses cannot be looked upon as the result of reason, but as a mere mechanical and instinctive act; but there is one phenomenon in the history of the wasps that seem to pertain to a reflective power. So soon as the winter approaches, and the elder wasps feel that the warmth and food are gone, they would seem to foresee the necessary and painful destruction of their numerous progeny, and the probable ill consequences to themselves arising from their death and decomposition within the cells. They act in such a case as rational beings would in an equally urgent position, when every alternative would be hopeless: the nurses suddenly change their instincts, burst open the cells, drag forth their unfortunate victims, murder them by hundreds, and then cast them forth from the nest. The Humble bee, in its general economy, resembles the hive bee and wasp; it forms rude cases to contain its young and honey, and deposits them in cells which it excavates in the earth.

Quitting the hymenopterous insects, let us next examine the condition of the larvæ of the neuroptera. The larva of the myrmeleon, or ant lion, is not unlike the arachnida in form and habits; it digs a deep pit in the sand, and buries itself at the bottom, so that every part of its body, with the exception of the strong maxillæ, may be concealed, and lies in wait for its prey. As soon as an insect of any kind stumbles into the pit-fall, it is immediately seized upon and devoured by this voracious creature. In its perfect form it becomes a neuropterous insect, very similar in appearance to a dragon fly. The larvæ of Coleoptera have enormously strong jaws, and are converted into incomplete pupæ. The pupa of Lepidoptera is inclosed in a semi-transparent case, which permits the outline of the perfect insect to be distinctly distinguished through it.

The larval state is very interesting, from its being one in which important changes, preparatory to the perfect condition, are taking place, without the presence of any of the phenomena of life. In the larva there are thirteen segments; the alimentary canal is spacious and large; there is a lengthened dorsal vessel, double nervous cord with ganglia, and a concentration of the two last ganglia. In the pupa state there is a shortening of all these structures, without increase in bulk; the segments are drawn under each other, and growth becomes active in the cephalic and thoracic portions. In the head, the mandibles are lost, and a long and coiled sucker is produced; the thorax is formed by the consolidation of the second, third, fourth, and part of the fifth segments. The dorsal vessel becomes shortened; the muscular system diminished in some, and increased in other parts; the nervous ganglia approach nearer towards each other, and, in certain situations, become confluent.

In the perfect state of the insect, the ganglia, from the third to the sixth, have become concentrated into one. The lepidopterous insect eats very little food in its imago state, and there are some, as the Ephemera, which possess no mouth.

Herault has most carefully recorded the changes which take place, from day to day, in the development of these insects. In the larva, the salivary glands and silk glands are of large size; in the pupa, they are much smaller, and gradually disappear; in the imago the stomach becomes shortened, and a cæcal bag is developed from the anterior part of the œsophagus, which serves as a nectar bag. The generative organs, even in the larva, are already apparent.

Mr. Owen observed, at the conclusion of this lecture, that to give but a brief summary of the history and peculiarities of the insect tribe, would require more lectures than the whole of which the present course was to consist. He, therefore, apologised to those scientific entomologists who might be present, for passing so discursively over the subject, and taking leave of it, as he now did, completely, to engage in his next lecture on another theme, the organs of reproduction in the molluscous classes.

SOME ACCOUNT OF THE SCARLET FEVER, LATELY EPIDEMIC IN LIVERPOOL.

By J. R. W. VOSE, M.D., Physician to the Liverpool North Dispensary.

THE careful history of any local affection which may complicate the course of a familiar disease, has always been regarded as a useful mode of contributing to the progress of practical medicine. This remark will apply with peculiar propriety, if the affection allow of illustration by anatomy, and if it present itself so frequently in conjunction with a disease, prevailing extensively at any one time and place, as to constitute an essential feature of the epidemic. Very few diseases appear to have engrossed more of the attention of medical men, or to have received ampler illustration at their hands, during the long time which has now elapsed since it was first accurately described, than the one which heads this communication. Indeed, when we direct a glance at the literature of scarlet fever, we are astonished by its copiousness, as well as by the eminence of those who have written upon the subject. From this circumstance we might suppose, that every form and complication of the disease had been thoroughly studied and announced; yet, when practical men turn to the records of observation, for a solution of the difficulties by which all are liable to be occasionally confronted, they are too often disappointed by finding, that, in common with most other diseases, many important features of this are unnoticed, or if mentioned, are set forth in terms too meagre and equivocal to relieve their perplexities.

It is with the anxious desire of adding something to our knowledge of one important, though vaguely described complication of scarlet fever, that the writer has ventured upon this communication.

By those who have seen much of this disease, it has doubtless been remarked, that in addition to the inflammation by which the internal fauces are more or less attacked, in most cases of scarlet fever the exterior of the neck is occasionally the seat of swellings, varying in size, in figure, and consistence. It was not to be supposed that a circumstance of so prominent a character as this could escape the notice of the distinguished observers who have treated of the disease. Nevertheless, these swellings do not appear to have ever attracted more than a most superficial attention, while very opposite opinions have been entertained of their real nature and seat. Thus, Drs. Sims and Willan place them in the parotid and submaxillary glands; Dr. Armstrong speaks of them as painful indurations of the glands of the neck, without specifying whether the salivary or the lymphatic order of these structures; while Dr. Tweedie refers them to tumefaction of the cellular tissue and absorbents. These opposite and conflicting statements show that precise information is wanting upon the subject—a circumstance which cannot surprise us, since we do not any where find anatomical descriptions of the affection to which they relate.

The extensive prevalence of scarlet fever in this place, from the spring to the end of 1840, and the extraordinary frequency with which the cases were complicated with swellings of the neck, afforded me an opportunity of obtaining some interesting information respecting the nature and the progress of these tumours. In endeavouring to communicate this, it may be desirable, first, to introduce an account of some fatal cases, together with the appearances which were observed upon dissection; secondly, to relate some cases illustrating the various modes of recovery, especially with reference to the progress and termination of the cervical tumours; and to conclude with a few miscellaneous observations, naturally suggesting themselves upon a review of the subject.

The morbid appearances which presented themselves after death, enable me, as well from the order in which the affected tissues appeared to be implicated, as from the character of the pathological changes which they had undergone, to consider them under the following heads—a division which is, moreover, prescribed by the affection itself, in its progress from simple to more complex stages:—first, where the soft parts of the neck, which were concerned in the swelling, were found infiltrated with bloody serum; secondly, where, in addition to this, there was puriform infiltration of the cellular tissue and muscular fibres; thirdly, where, in conjunction with these changes, pus was diffused through the substance of the absorbent glands; and lastly, where the tumefied parts sloughed out, and left the muscles and blood-vessels seated behind them completely exposed to view. The case which follows will illustrate the appearances mentioned under the first head, where the structures involved in the swelling were loaded with bloody serum, but exhibited no other change.

CASE I.—A girl, aged 4, had an attack of scarlet fever. On the third day of the disease a tumour appeared below the angle of the jaw on the left side; this extended downwards and inwards, causing tumefaction of the whole

that side of the neck. This swelling had a firm and tense consistence. On the right side the fulness was extremely slight. Severe pain and sense of suffocation accompanied this affection of the neck; and the child expired, worn out by suffering, on the ninth day of the disease. —*Dissection.* Upon reflecting the integuments covering the sides and fore part of the neck, a marked difference was observed in the state of the parts lying on either side of the median line. To the right of this, nothing unusual was observed; on the left, the adipose and cellular tissues were much charged with bloody serum; their consistence, however, was unaltered, and no appearance of purulent or fibrinous effusion was noticed. The salivary and the lymphatic glands were free from induration or enlargement, and upon being cut into they displayed no signs of disease internally. The left tonsil was gone, and the surface which it had occupied was in a state of gangrenous softening. The right tonsil was still present, but this body, as well as the space which it filled, exhibited the same appearances as the part just mentioned. There had been no extension of ulceration or sloughing to the adjacent parts of the fauces. The larynx and trachea were sound.

In this case there was a satisfactory correspondence between the state of the neck during life, and the changes which were observed afterwards. To the right of the median line the swelling had been barely perceptible, and in that region no evidence existed of inflammatory action having been present; the parts were altogether free from exudation. On the left of the same boundary, however, where the tumefaction was so well marked before death, dissection proved it to be dependent upon an accumulation of bloody serosity in the fat, cellular membrane, and texture of the soft parts generally. In connexion with the appearances observed here, it is worthy of remark, that seven days elapsed between the first development of external swelling and the fatal event.

The next case will exhibit the changes set down under the second head, where, besides being loaded by the effusion noticed in the dissection just related, the affected structures were infiltrated by a puriform fluid.

Case II.—[redacted], aged 4, was observed to be unwell on the 4th October; on the following day a scarlet eruption appeared on the skin, and he complained of sore throat. Leeches were applied to his neck on the 6th; on the 7th the febrile action was considerable, and the eruption general. Upon inspecting the fauces, both tonsils were found ulcerated; the ulcers had an ash-coloured surface, and were as large as a split pea. A hard swelling beneath the angle of the lower jaw, on the left side, was now noticed. The nitrate of silver was applied to the tonsils, and leeches, followed by a poultice, to the external swelling. Tepid sponging, and laxatives of calomel and rhubarb, were ordered. On the 8th the caustic was again used, and one grain of calomel, to be taken every two hours, was prescribed. The swelling had increased in size and in hardness on the 9th, and there was much dysphagia. On the 10th the swelling occupied the greater part of the left side of the neck. The eruption was now fading, but the heat of skin and quickness of the pulse continued. The calomel was still exhibited, and the throat was directed to be frequently syringed with a diluted solution of chlorinated soda. The swelling of the neck was softer, and it had ceased to extend on the 12th, but the child was in other respects much worse. There was great emaciation,—the countenance was pale and sunk—the pulse small and rapid—the mouth and teeth clammy and coated with sordes—restlessness, but no delirium. The calomel was diminished, and mild nourishment was given. On the 13th, a dark spot, the size of a shilling, occupied the centre of the cervical swelling, which was now smaller and much softer; and at this spot, the tumour felt as if the integuments were separated from the subjacent tissues. On inspection of the throat, the ulcers were found to have increased much in depth. There was, at this time, slight diarrhœa. Chalk mixture was ordered, together with a small quantity of red wine. The purging was relieved, but the child's strength progressively declined from this day, and he expired on the 16th.—*Dissection.* The skin, where covering the cervical tumour, presented an eschar of considerable extent. When the integuments covering the neck were dissected back, the condition of the parts on the right side was seen to be natural. On the left side, the fat and cellular membrane were bedewed with serum, and an ash-coloured puriform fluid. The sterno-mastoid muscle was of a pale salmon colour; its fibres were remarkably lacerable, and they were infiltrated with the same effusions. The external and internal jugular veins of this side were examined with much care, but they exhibited nothing unusual. Both the tonsils had been destroyed. The membrane covering the pillars of the fauces was in a gangrenous state. The uvula, velum, larynx, and trachea were healthy. The salivary and absorbent glands exhibited no deviation from their natural state.

Death, in this case, occurred at a later period than in the one by which it is preceded; and the morbid changes which were observed, denoted a more advanced state of disorganization in the tissues which had been the seat of inflammatory action. This was especially conspicuous in the mastoid muscle, by the change of colour, and general softening of substance which it displayed. The boy expired on the thirteenth day of the disease; and on the tenth from that on which the external tumour became first manifest. In both the cases hitherto related, the lymphatic and the salivary glands were found to have entirely escaped any participation in the diseased actions, which left such unequivocal traces of their effects in other textures. In the child, whose history next follows, the former order of these glands will be found to have been extensively involved in the changes which were observed upon dissection; and this will serve to illustrate what was stated under the third head.

Case III.—A girl, aged 4, was attacked with the usual symptoms of scarlet fever. Considerable swelling of the neck accompanied the disease from the first; it commenced by an enlargement, on both sides, of the absorbent gland, which lies a little above the cornu of the os hyoides. Death took place on the twelfth day.—*Dissection.* The parts subjacent to the integuments of the neck were found moistened by puriform fluid. The gland situated above the cornu of the hyoid bone, on the left side, was softened and broken down by purulent infiltration of its substance. The corresponding gland, on the opposite side, was apparently healthy, but a gland, belonging to the deeper chain, and lying immediately behind this, was filled with pus of a dark green colour; one or two other absorbent glands in the neck were also distended by pus; the salivary glands were healthy. Both tonsils were destroyed, and the cavities which lodge them were enlarged, and sloughy on the surface. The apex of the uvula was red and œdematous. The posterior part of this structure, as well as that of the velum, and the pharynx generally, were coated with a dark-coloured viscid secretion. The larynx and trachea were healthy. The internal jugular veins exhibited nothing unusual.

Here a longer time elapsed between the first appearance of tumefaction in the neck and the death of the child, than in either of the instances which precede it. The fatal event did not take place until the twelfth day from the disease, and the local affection by which it was attended, occurred almost simultaneously. Upon dissection, the appearances were found to be more complex than in the former cases. The class of structures, the lymphatic glands, being enlarged and extensively disorganized by the presence in their substance of effusion, which in the previous cases, were limited to the cellular membrane and muscles respectively.

The subjoined case, in which the parts concerned in the tumefaction of the cervical region were thrown off by the sloughing process, exhibits a singular circumstance in the pathological history of these swellings, and deserves to be mentioned as one of the modes of their fatal termination.

Case IV.—A boy, between three and four years of age, was affected with scarlet fever on the 1st of January. There shortly appeared under the horizontal ramus of the lower jaw, on each side of the neck, a swelling, which was hard and well defined; this was extremely painful on pressure. The skin moved freely over the tumours. That on the right side was the larger. The patient laboured under high constitutional disturbance and cerebral excitement. At first, after the treatment recommended, the boy improved in his general symptoms—the tumour on the left side became smaller; but that on the right increased, presenting a diffused appearance, and extending from the angle of the lower jaw, forwards to the median line, where it terminated abruptly, and downwards, to within about two inches of the clavicle. At its upper part, the swelling involved the lower portion of the cheek, but its boundaries were not well marked, exteriorly. The affected parts became very firm to the touch, were excessively tender, and the skin covering them assumed a vivid red tint. On the 6th of January, a spot of a yellowish-grey colour appeared at the centre of the tumour; this rapidly increased in size, until it acquired considerable dimensions, when a line of separation formed, and the whole of the dead skin and cellular membrane were thrown off, exposing the muscles and blood-vessels of the upper region of the neck, as completely as when they are displayed by the scalpel. For several days after this the case went on well. The chasm in the neck began to granulate, and the child's appetite and strength improved rapidly; very soon, however, whenever the boy made any effort, as in crying or resisting the dressing of the wound, a general oozing of blood took place from its surface. At each return of the bleeding it became more profuse, and the patient finally expired from exhaustion about five days after the first occurrence of hæmorrhage. It seems unnecessary to relate any other dissections, as this would only add to the length of the present paper, without, as far as I am aware, throwing further light upon the morbid anatomy of the affection which they are designed to illustrate. In none of the cases which have been here detailed, nor in any which I have had an opportunity of observing, has enlargement, induration, or other departure from the natural condition of the salivary glands, contributed to the production of the cervicle swellings described. This circumstance would seem to justify a belief, that Sims and Willan were in error, when they ascribed similar tumours to enlargement of those bodies. But as these swellings of the neck very frequently occupy the precise situation of the salivary glands, particularly of those which lie beneath the base of the lower jaw, the incorrectness of their opinion, unsubstan-

tiated as it appears to have been, by any appeal to anatomical evidence, is easily accounted for. The parts especially affected, as has been shown, are the cellular membrane, the muscular fibres, and the absorbent glands. These structures do not appear, from the cases which have been narrated, to be simultaneously attacked by the inflammatory process which is set up, but to become involved, in the inverse ratio of their vital endowments, and complexity of structure. Thus, in the first patient, where death took place in seven days after the earliest development of the swelling of the neck, the cellular substance alone was the seat of the disease. In the second patient, in whom death occurred ten days after the external tumour appeared, the muscles were found affected, in conjunction with that tissue. And, in the third case, where life was prolonged to the twelfth day from the appearance of the tumour, the lymphatic glands were extensively concerned in the changes which presented themselves. The local inflammation, as well from the mode of its extension, as from the nature of the products to which it gave rise, shewed more of the diffuse than of the phlegmonous character. This is certainly one of its most important peculiarities, in a practical point of view, as it is that to which much of the danger that accompanies it may be fairly attributed. In most of the cases in which the absorbent glands became implicated in the swelling of the neck, those which are situated immediately above the hyoid bone were earliest and most severely affected. The superficial chain of glands suffered oftener and more extensively than those which lie deeper in the neck, but the latter frequently participated in the disorganising changes which took place.

It may now be well to relate briefly, a few examples of recovery from scarlet fever, when attended by the cervical tumours which have been engaging our attention, and which came under my observation during the prevalence of the same epidemic that furnished the cases already brought forward. After perusing the notes of numerous cases of recovery, made at the time when they presented themselves to my notice, I find that it will be sufficient to mention three of these, as they will exhibit the termination of the external swellings of the neck by resolution and by suppuration,—for it was by one or other of these processes that the tumours terminated, in all the instances of recovery which I had occasion to witness.

In the case that follows, the local affection, although severe, underwent complete resolution, and that in the absence of any energetic measures, either of a topical or constitutional description.

Case V.—A girl, aged 6, had scarlet fever on the 24th November. On the 27th, the rush had faded. The day after this there was still much fever, and the fauces continued red and swollen. The tongue, which appeared furred at the sides, and florid in the centre, was dry. There was very considerable tumefaction of the neck, occupying the space between the chin and the os hyoides in front, and extending back as far as the mastoid process. Beneath the angle of the lower jaw, on both sides, a gland, much harder than natural, and enlarged to the size of a filbert, might be distinctly felt. Pressure on this caused much uneasiness. Between the symphisis of the jaw and the os hyoides, the integument had a tense, brawn-like consistence. The countenance was haggard. Tepid aspersion, a poultice to the external fauces, and a moderate dose of calomel and rhubarb were ordered.—29th. The medicine had operated sufficiently. The night had been restless. The state of the tongue, of the throat, and of the neck, had undergone no change from the preceding day. The pulse was frequent, and the skin hot. The same measures were directed to be continued.—30th. The patient's bowels were freely opened. The swelling of the neck was softer, especially that portion of it which occupied the region beneath the chin. The poultice only was ordered.—December 4th. The child had made great progress since the last report. There was now no constitutional disturbance. The general tumefaction of the neck was subsiding rapidly, and this was accompanied by a resolution of the glandular enlargements below the angles of the jaw, which were no longer to be felt.—December 13th. The state of the neck was natural, all swelling having completely disappeared.

In the next patient also, the cervical swelling terminated by resolution; but, although more active measures were resorted to with the view of promoting this, than were employed in the case which precedes it, the tumour did not subside with nearly the same rapidity.

Case VI.—A girl, aged 4, experienced an attack of scarlet fever. The general symptoms were not severe; but during their continuance, a hard swelling appeared beneath the left angle of the lower jaw. This tumour increased to such an extent, as to raise the neck nearly to a level with the base of the maxilla. Leeches, followed by a sinapism, were first applied. As, nevertheless, the swelling became larger, leeches were a second time ordered, and the skin was directed to be kept moist by a strong ammoniacal liniment. This last application caused extensive vesication; a purulent discharge then took place from the denuded surface, and continued for nearly three weeks, during which time the cervical tumour gradually but entirely disappeared. While the resolution of the swelling was going on, the treatment consisted in regulating the bowels, and supporting the strength by quinine and nourishing diet.

The following case, which will be the last brought forward, exhibits the termination of the tumour of the neck by suppuration.

Case VII.—A girl, aged 3, became affected with scarlet fever. When the eruption began to decline, a swelling of the left side of the neck, near the angle of the jaw, was perceived. This increased in size, and was attended by febrile symptoms. On the 3rd of September, the tumour seemed inclined to suppurate, but fluctuation could not be felt distinctly. There was no ulceration of the throat, and deglutition was easy. Leeches, followed by a poultice, were applied to the swelling, and the bowels were opened by calomel and rhubarb. As there was no change in the child's state on the following day, a grain of calomel was given, at first every three hours, and afterwards, as it was well borne, every hour. This was continued for two days, when suppuration in the tumour having become evident, it was punctured, and discharged about half an ounce of healthy-looking pus. The application of poultices was continued, and the mercury was given, thrice only in the twenty-four hours. The swelling of the neck now proceeded favourably; but as the child was becoming pale and emaciated, the calomel was entirely withdrawn, and nutritious food, with small quantities of wine and porter was given, together with the potasaio-tartrate of iron. From this date, the patient's general health improved steadily, but the tumour required to be punctured a second time, when a small quantity of watery pus escaped. On the 22nd of October, the cervical swelling was scarcely perceptible, and the child's health had been long re-established.

The epidemic, of whose leading peculiarity I have attempted this imperfect notice, has been one of the most formidable character, from its long duration, the large number of those who have suffered from it, and the great mortality by which it has been attended. Between the months of April and December inclusive, (1840), upwards of 300 cases of scarlet fever were entered upon the books of the Northern Dispensary alone; and I am informed that the districts of the town which receive assistance from the other medical charities, were also most severely visited by the disease, which did not appear to be restricted to any particular locality. Of the 300 cases mentioned, the smallest number, 33, occurred in April; the largest, 55, in September.

In the earlier periods of the epidemic, a great majority of the cases were complicated with external tumefaction of the neck; and, in accordance with what is so commonly observed of diseases when prevailing epidemically, its severity was then the greatest. Subsequently, although the occurrence of the swellings was equally frequent, the disease became more tractable; and, finally, towards the month of December, although a large number of children continued to be affected with scarlet fever, the disease became comparatively mild, and so few patients experienced the local complication adverted to, that it might, from that time, be said no longer to present anything novel or peculiar in its type.

During the prevalence of the disease in that form which has been described, I did not see one individual suffer from it who had reached the age of puberty; and those who were most frequently affected were children under seven years of age. The cervical swelling occurred at all periods of the complaint; and, in many instances, first showed itself after the eruption had disappeared. It was usually greater on one side than on the other, and was not unfrequently confined to one side only. The inflammation and ulceration at the fauces were often of formidable extent; but the tumours again and again appeared in cases which were not accompanied by more sore throat than is constantly observed in scarlet fevers, where no such affections of the neck take place. In a very large proportion of those who did well, the swellings ended by resolution,—for although among the three cases of recovery which have been related here, one terminated by suppuration, this must by no means be regarded as any indication of the relative frequency with which these modes of termination were observed. Suppuration was rare; but as far as my observation extended, the patients in whom it occurred got well. Where gangrene was set up in the tumefied parts, I did not see recovery; but the occurrence of gangrene was extremely rare. In most of the fatal cases, death took place while the cervical swelling was still in a state not apparently incompatible with its subsiding by resolution had life been prolonged.

During this epidemic, the cutaneous eruption was very commonly remarked to be more partial, faint, and fugitive, than is generally the case in scarlet fever. Although, from the severity of the disease, the patients were often reduced to a very cachectic state, and convalescence advanced but slowly, dropsical swellings seemed to occur less commonly than is usually observed after epidemics of a much milder character.

As regards treatment, I have nothing very satisfactory or conclusive to offer. In those cases which terminated favourably, recovery took place under the use of very opposite means, as when antiphlogistic, mercurial, and stimulating remedies were employed. Although, in many instances, the patients did well, where energetic measures, as free and repeated leeching and severe purging, were

recommended, this practice, for the most part, seemed to be injurious, by lowering the strength, without exerting any obvious effect upon the progress or condition of the cervical tumours.

Upon the whole, a combination, of tepid aspersion, warm poultices to the neck, and gentle mercurial laxatives, seemed useful; particularly by moderating the febrile action, under which the vital powers rapidly gave way.

The cautious but steady use of wine and other means of support should not, I think, be withheld too long, under this form of disease, as these were well borne, even by children of a very tender age, as soon as ever the violence of the febrile symptoms was broken.—*Edin. Jour. of Med. Science.*

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INTERFERENCE OF MEDICAL MEN IN POLITICS AT THIS GREAT CRISIS.

"Let corn, wine, and oil abound."

THERE is an ARGUMENTUM ad IGNORANTIAM et PASSIONES, often repeated by artful knaves, which is called by logicians an enthymene, or imperfect syllogism, either wanting the major or minor proposition, or the datum only is expressed, or the argument omitted; that is, it is stripped of one of its premises. They say, "Medicine is so obscure and difficult a science and art, that it requires a man's exclusive attention to practise it with skill and success; a man who diverts his attention to any subject foreign to it, cannot be qualified to practise it; therefore the conclusion is, that no practiser ought to interfere in politics, political economy, poetry, or any other department of science or letters."

No man is warranted in employing the words, "medicine *is* so difficult;" but he may employ "*if* medicine is so difficult, &c., which renders a proposition, that hath not truth on its side, conditional.

There is irrefragable argument quite sufficient to expose the extreme absurdity and prejudice of this false logic. The fallacy is this: man by the laws of his nature requires change and variety in mental pursuits, exclusive attention to one subject of speculation and practice fatigues and dulls the mind; therefore a medical man is justified in taking up politics or any other pursuit to a reasonable extent, to diversify the monotony of one subject. A man's own affairs, private and professional, require his most devoted attention at all times to protect his own welfare; but if public and political causes affect his interests unfavourably, he has as much right as any other profession of men in the state to divert such part of his spare time and attention as is requisite to his public interests, equally with his private occupation.

It cannot be denied, that general and political causes of prosperous or adverse times affect or concern every man in England, of whatever vocation.

The enthymemes or false logic of political partisans, must yield to other positions which are indisputable truths, and founded on a majority of facts.

1. The genuine logic of truth is, that those practitioners of medicine, who have supported monopolising and oligarchical principles, after interfering in politics, have ever been rewarded by the rich oligarch and monopolist, whose power and influence they have basely courted, for their servility and venality, *without any reflection or blame for dividing their attention between physic and politics.* While, on the other hand, all liberal physicians and surgeons, unless rich and influential, who have been actuated by liberal and independent thinking, and who have supported what is patriotic and beneficial to their country, have been persecuted invariably by the RICH and STRONG, by the arrogant FEW, who know that physic is the most dependent of all professions on the public at large, particularly on the credulous, capricious, whimsical, weak, and domineering part of men, and particularly woman-kind. And it happens unfortunately for medical men, who are not like farmers, who, if they pay their landlords, are independent of every one else, and care for nobody in the world, are thrown upon the vindication and protection of the many in numbers, but the weak in power and property, who are perhaps not able to counteract the spirit of private and social despotism, so peculiar to our hateful obligarchs and monopolists, upon the silly subterfuge of the epicenes and women of mere money and property, that "physic is incompatible with politics." Oh! exquisite logicians!

Nothing is more true than what the French said to us in 1827-28, that it is the *illiberal* and *detestable* spirit of the English obligarchy and monopolists to ruin every man's private interests in whatever instance they can, who does not coincide with them in their callous, sordid, and loathsome prejudices in politics, villany, hypocrisy, and avarice, and the characteristic vices of the MODERN ENGLISH RICH and AMBITIOUS. The wretches endeavoured to destroy the professional prospects of Dr. Birkbeck, because he opposed their hellish principles, by inventing Mechanics' Institutes, to raise the lower orders from their monstrous brutish ignorance.

As to those contemptible and abject fops, whose brushes, like the tails of Pharaoh's lean kine, have been cut off close to their rumps, and who desire the rest to be in the fashion, and lose their tails also; who bawl out in sophisticated defence of their own prudence and cowardice party-dependence and self-interested ends, that "medical men ought to be punished and persecuted by obligarchs and monopolists for interfering, as they have the most perfect right to do, with politics, under the shabby, lying pretence, that it lessens their skill in medicine." "The baseness of their minds," to use the language of Sir Philip Sidney, "is such that it sinks a thousand degrees lower than the dust body could carry the most base function." And as for those toadies and sycophants in the profession, who flatter the RICH for oppressing the medical practitioners politically, under the hallucination that politics are inconsistent with the pursuit of medicine, they are that abject or "HELL-WEED," which Threlkeld describes as "fastening its claspers upon a plant, and like a cosheming parasite lives upon another's trencher, and like an ungrateful guest first starves, and then kills its entertainer." Nor are these the only confutations of the artful sophistry of vile partisans, hired slaves, and slanderers, in respect to medical interference in politics; but examples demolish the wretched prejudice. We know, however, that this fallacy has worked upon weak minds. The political oppression of the illiberal gentry destroyed the peace of Darwell at Birmingham, it drove Dr. Fosbroke from Cheltenham, and afterwards Dr. Conolly from Warwick; but there will be *another day*, and *another word*, for these cases of political oppression! But their favourite slang with respect to these counter-statements is, that they spring from disappointed hopes, to which Burke, who was so styled, applies in this language: "There is a set of maxims, speaking of the principles of [illegible] morality, which those who are supposed [True, O King!—ED.] have always ready [cut and dried, eh!—ED.] made for them. Indeed, the whole of this cant is quickly got by heart, [*art* or *rote*—ED.] and the very first principle is, that all opposition is to be imputed as the effect of envy and disappointed ambition."

Next week we shall finish up this [illegible] subject. The question deeply affects the dignity, independence, and moral duty and obligation of the medical profession, as well as its pecuniary and statistical qualifications.

NAVAL SURGEONS.—A meeting of the Surgeons and Assistant-surgeons of the navy will take place during the present month, for the purpose of considering the propriety of presenting to the Director-general, Sir William Burnett, some worthy testimonial of their personal esteem, of their approbation of his conduct in the representation of their body, and of their satisfaction in his exertions and energetic zeal in promoting their interests.

THE CONFESSIONS OF JASPER SNUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXIV. CONTAINING VARIOUS DISCURSIVE OBSERVATIONS MADE BY SWUBS AND HIS COMPANIONS.

There is no part of Paris so delightfully animated and animating as the Palais Royal. A great talk is made about the gay scene which the Boulvarts constantly present, but they are not to be compared to the favourite resort in question. Figure to yourself, reader, a large oblong enclosure, laid out with *parterres*, fountains, and gravel walks, and surrounded by buildings of elegant and uniform architecture, the lower parts of which are converted into shops with covered arcades in front, for the sale of every article that luxury can desire, or taste devise. In fact, a spot, resembling what the Burlington Arcade would be, with one of its sides knocked out, running round Woburn Square. The first floors are chiefly occupied by restaurateurs and *cafés*—the latter in some cases paying considerable sums for permission to place their chairs and tables under the trees of the garden; there are also, in the western side of the area, several large *estaminets*,* one of which, the Estaminet Hollandais extends some nine or ten windows in length, and when lighted up, as it always is most splendidly at night, has a most imposing appearance. The three first-rate *restaurants*, of Very, Vesour, and Les Troi Freres Provençeaux are situated at the upper end of the square, and a large covered promenade, called the Gallerie d'Orleans, forms the lower boundary, which is a sort of cross-breed between the Lowther Arcade and the Pantheon Conservatory. An ever-varying throng is found in the gardens, for the Palais Royal, somehow or another, always lies in your way wherever you want to go to.

It had been a lovely day—one of the last bright flashes of autumn before he yields to the freezing powers of winter, and although the season was somewhat advanced, the air retained a balmy warmth, which was scarcely to be expected from the trifling difference in the range of latitude between Paris and London. The gardens were still crowded, although the gradual appearance of the lamps at different places noted the decline of day. Old gentlemen were still reading the newspapers, ladies were working beneath the trees, and nursery-maids from Normandy, in their high lace caps and clean white aprons, were looking after innumerable odd-looking little animals, which, on closer inspection, proved to be French children.

In the Café de Foy, a great number of loungers were taking their coffee, and the assembly was soon increased, by the arrival of Swubs, Okes, and Huggles, who came over from Véot's.

"Well, what do you think of this, my boys?" asked the latter gentleman, as they seated themselves at a table.

"Oh, slap up," replied Okes. "Why don't they have a place like it in London?"

"Because the English people are not to be trusted," said Huggles. "They would pick the flowers, throw ink at the statues, and do nothing but chaff the folks who were drinking coffee, and call them blessed teetotallers. It is not because London has not the capabilities of Paris (for she has them over and over again) that we lack these sort of places, but the spirit of the inhabitants is different. What will you take?"

"Just what you please," answered Swubs; "I have told you that we are in your hands."

Huggles, upon this, ordered three cups of coffee, and an accompanying *petit verre* of brandy with each, which was speedily brought by the garçon, and placed upon the table, with three little metal trays of white sugar.

"What do you call this, Huggy?" asked Swubs, as he took some coffee up in his spoon, and elevating it, let it drop back again.

"This quantity is called a *demi-tasse*, or half cup," replied their cicerone.

"What the devil do they call it a half cup for, when they fill it so full that it runs over into the saucer?" observed the acute Okes.

"Because it is half the size of the breakfast cups," replied Huggles. "The quantity in the saucer is called the *bain-pied*. The French like enough for money, and would not be satisfied unless both the coffee and cognac was made to overflow their receptacles."

They drank their coffee, which was pronounced excellent, and then Huggles showed them how to make what the French call *poneche*, by igniting their brandy and pouring it over a lump of sugar in the saucer.

"Well, and what is going on at the school since I left? Is it as jolly as ever?" asked Huggles.

"Yes, pretty well," replied Okes; "Randle is house-surgeon, and Johnson has passed the College. The new men this session took to their beer very kindly, except two or three who wore shoes and white neckcloths—but what could you except of them?"

"Is Randle a good fellow?"

"Slap up—stands lunch in his room every day, and has got a tin for toasting red-herrings. It's a better plan than doing them on the shovel over the fire in the dissecting-room. Do you recollect the day that the man who came to see us from Windmill Street swallowed the bit of brain in mistake for soft roe?"

"Quite well—what a game we had! Who's the surgery nurse now?"

"Oh, a regular originah. Hav'n't you heard about the vestryman and her mistake?"

"No," replied Huggles; "how on earth should I? Let's have it if it's worth telling."

"Well, then," said Swubs, "I'll tell you, because I saw it all. You must know there had been an inquest at the hospital a few days before upon a glazier, who tumbled off his perch at the third story into the area, when he was talking blarney to the housemaid next door, instead of looking what he was about. Well, there was not a bone left entire in his body. His skull was crushed in like an egg-shell—his femurs driven through the flesh, his shoulders dislocated, his ribs smashed, and a variety of other solutions of continuity of the organic system, as Snipliver calls a cut finger, too numerous to mention. The inquest was held, and the assistant-surgeon, who is always hunting in the dead bodies after something which he never by any chance finds, when he was asked by the Coroner, as a matter of form merely, if the wounds were the immediate cause of death, replied he thought not, but rather attributed his decease to an induration of the *lobulus spigelii*."

"I should rather think he was a potterer," observed Huggles.

"Oh—the king of them," rejoined Swubs. "To go on with my story: you know the jurymen are very consequential at inquests. They are men whose station of life and limited ideas keep them from ever showing their importance in any other way, and so they gratify themselves at the inquests by asking all sorts of cursedly stupid questions that have nothing to do with the matter. One of them on the present occasion was a member of some vestry or another that is always figuring in the papers about church-rates and water-plugs, and he made himself deuced officious, and was a long time coming to the opinion of the others; when he did agree with them, it was with a precious bad grace too, and he did not appear at all satisfied, but said he would sift the matter deeper at his leisure."

"There did not seem much obscurity about the case either," observed Huggles.

"There never is, in ten cases out of eleven," said Okes; "it's the damned jurymen who make all the bother—oilmen especially. I never knew one of them worry the witnesses with ignorant and unmeaning questions, but he was an oilman. Go on, Swubs."

"The next day the vestryman came early to the out-patients' entrance of the hospital, and asked for the house-surgeon. 'You can't see him,' said the nurse. 'But I must,' said the vestryman. 'What do you want with him?' asked surgery. 'I cannot tell you,' said the other, 'but my business is pressing, and I must see him directly.' So surgery, thinking with her usual foresight, upon which she much prided herself, that from the urgency of the business, and the evasive answers of the vestryman, that it was a case of retention of urine, went directly to Randle's room, and told him he was wanted with his catheters!"

"That's glorious!" shouted Huggles; and did Randle go?"

"Go—to be sure he did. He drew on his dressing-gown, for he was smoking a short pipe in his shirt-sleeves, and putting his case of catheters under his arm, off he set to the surgery. He had forgotten the man's face, or the mistake would have been set right almost directly. As it was, he took out one of the catheters without noticing him, and dipping it into a cracked egg-cup full of dirty oil that stood on the mantelpiece, calmly observed, 'Now, master, lean your back against the door, and we'll soon relieve you!' The man, aware that he had been rather obtrusive the day before, and thinking that the gentlemen of the hospital had prepared some trick to play off upon him, snatched up his hat, and bolted out of the door as if a mad dog were at his heels, upsetting two nurses and an inflamed bursa in his passage, who were waiting with their cards. He never came near the hospital again."

The account amused Huggles so much that he roared with laughter, much to the astonishment of several quiet old members of the Legion of Honour who were drinking coffee near him, in all the grave importance of the bit of red ribbon in their button-holes.

"Now its my turn," said Okes; "I know a story about surgery too."

"Well, throw it off," remarked Huggles, "and then we must be moving."

"You recollect Dr. Cluck," observed Okes; "he used to lecture, when you were at the school, upon forensic medicine, and tell all sorts of rummy legends about men who had hung themselves to the backs of chairs with their knees on the ground, and women who had been under water two hours without dying—"

"What a cram!" interrupted Swubs.

"I believe its all true," continued Okes; "Beck will give you all the particulars."

"Who's Beck?" inquired Huggles.

"Keeps the Doctor Johnson's Tavern in Fleet-street. I heard a man there sing about 'Lord Tom Noddy' going to see somebody hung, and falling asleep all the time," answered Swubs.

"Do be quiet, there's a good fellow," said Okes. "Now Dr. Cluck complained of deafness, and thought his ears wanted syringing so he went to Mr. Cough, the house-apothecary, and asked him to do it. Mr. Cough

* The difference between a *café* and *estaminet* is, that the latter are chiefly frequented by men, and Billiards and smoking are allowed therein. It is not considered *bon ton* for a lady to be seen in an *estaminet*, although this sometimes occurs; on the contrary, the most top-couple females are found in the *cafés*.

a very clever young man and an excellent pathologist—but rather touched upon religion. He has got some theory in his head that the way to salvation lies through the *tubuli uriniferi* of the kidneys. I don't exactly see how he makes it out, but I believe he thinks he's all right."

"He sent me some tracts once," said Swubs, about being born again. I showed them to Dr. Catchmole, who told me, he should like to see the pelvis whose arch I could pass under, if such a performance was to take place."

"Now, Swubs—half a minute, I beg," implored Okes. "Mr. Cough agreed to syringe his ears, so they went into the surgeon's taking-in room for that purpose, and the operation began. Just then surgery came in, and not knowing Dr. Cluck, for he belonged merely to the school, thought he was some out-patient, and went and seized hold of his head with both hands to keep him in order. The Doctor sat tolerably still, until the syringe was nearly empty, and the water and air began to phizzle out together, when he flinched on one side, whereupon Surgery hit him a sound cuff on the head, exclaiming, 'Drabbit you, keep still—how's the gentleman to syringe your ears, if you wriggle about like that?"

"And you mean to say that's true," said Huggles.

"Gospel," replied Okes; so help me Steggall, when I go up to the Hall."

Mr. Huggles thumped his hand three distinct times upon the table, in affirmation of his belief, and then called to the garçon to settle the account, which being done, the party rose up to depart.

It was by this time nearly dark, and the long unbroken lines of gas were glittering in the arcades in all their brilliancy. A person entering the gardens for the first time, would have thought it was a general illumination, so dazzling was the scene. They left the Palais Royal, and crossing from the Rue St. Honoré into the Rue de Rivili, passed by the side of the gardens of the Tuilleries, which were now closed, into the Place de la Concorde—most assuredly the finest promenade in the world, to which no description can do justice. Hence they crossed over to the Champs Elysees, and loitered awhile to admire the motley groups who filled the avenues—the conjurers, quack-doctors, (who in France are more appropriately associated with the mountebanks and tramps,) tumblers, perambulating electricians, and musicians.

"Those posture-masters are devilish clever," said Okes, looking at a dirty set of unwashed miserables who were tying themselves in knots, walking on their hands, and indulging in performances of the like kind, by the flickering light of some bits of candle stuck on the ground; "if they were in spangled clothes, and on a well-lighted stage, we should think a great deal of them."

"That's the case with everything in the world," replied Huggles; "and nowhere is the remark better applied than in our own profession. High pathological knowledge and profound wisdom and research are alone looked for, by the multitude, in the cab, the carriage, the situation of the house, and the furniture. The really clever man, who walks his rounds and dispenses his own medicine, is the tumbler of the streets—the twaddling physician, who trusts alone to tact and opportunity, is the Chinese vaulter of the splendid amphitheatre, with an accompanying fool of the ring, in the shape of his patient."

They had now reached Franconi's Circus. As the performances are precisely similar to our own Astley's, it is unnecessary to minute y particularize what our friends saw, more especially as we shall probably return there at a future opportunity. When all was over they returned home, thoroughly pleased with their first day in Paris, and agreeing to make their first bow, under Huggy's auspices, the next morning, at the Hotel Dieu.

ROCKET.

MORTALITY IN CONVICT SHIPS.

To the Editor of the 'Medical Times.'

SIR,—My attention having been roused by the newspapers to the very great mortality of late amongst the convicts of Woolwich, I lately paid a visit to an old friend, now practising in the neighbourhood, and endeavoured to acquire some information on the state of those miserable outcasts from society: from him I learned that the disease most fatal had been bronchitis, and that, for the last three months, influenza had been epidemic in Woolwich and its vicinity; added to which, the convicts are said to have been very insufficiently provided with warm clothing for the past severe winter. I use the term "are said," because it is exceedingly difficult to derive any exact information on their condition and treatment. The superintending officers appear to feel little sympathy for their wretched prisoners; in fact, discretion is with them a sine quâ non, for doubtless any audible pity or expensive proposal for ameliorating their condition, would cost the luckless employé his situation.

In a report by Mr. Bossey, who I hear is a very capable medical officer of one of the convict hospitals, he states the prevailing fatal diseases are of a catarrhal character; that wine and beer are allowed in the treatment of disease, and administered; and that the hulks are now much more crowded than formerly. Here, then, Mr. Editor, is surely a key to the question; the convicts have worked not briskly, but slowly in chains, dragging carts and pieces of timber about the Dockyard, with frequent intervals of repose, for instance, whilst the ropes are being adjusted, &c., during the late hard winter, on one of the coldest spots it is possible to find by the river side, the opposite shores being flat and marshy land for miles, which during the winter is generally covered with water and ice—here they worked last winter unprovided with a due quantity of flannel and warm clothing! Can any one wonder that catarrhal diseases and bronchitis terminating in consumption have been plentiful, and fatal to a great degree?

I fear coroners' inquests on dead convicts have been so frequent, as almost to have become a mere matter of form; surely some one is to blame, and I should say partly the coroner; his services can be of no use unless in his official capacity; he finds the remote, as well as immediate cause of death, and if there be found anything tending to disease, should report it to the secretary of state; for instance, that they were crowded together at night, and in the morning driven out by daybreak to work, or rather frieze, unprovided with warm clothing, in an unusually hard winter.

Typhus, and fevers of low type, are very prevalent during the autumnal portion of the year, partly from the proximity of the Essex marshes; but, in my opinion, still more from the mental and physical depression induced by their state—its sameness, its hopelessness, and entire exclusion of sedatives and stimulants; I mean tobacco, in its various modes of use, and beer. Some facetious reader might suppose I would have the hulks converted into public-houses, or their tap-rooms: that would be as little my wish, as to see a man (even though a felon) considered by the laws of his country not deserving death, receive it in the most merciless manner, slowly but surely. Take, for instance, the following case, and a third of those in the convict-ships are either identical, or strongly resemble it:—

A thief is taken from the purlieus of St. Giles or Westminster, or any similar place, as Manchester, Liverpool, or Bristol. This man has passed his life in idleness, drinking, and smoking; living in a crowded neighbourhood and confined atmosphere, sufficiently clad to preserve his health in severe weather; in a week or two he is judged, and condemned to transportation; another week passes, and he finds himself on board the hulks in the situation above described; half-famished, half-frozen, separated from his wife and children, not a ray of hope to cheer, and with the seeds of disease about him.—Christmas-day may happen to come, and with it, in his mind's eye, the arm-chair he last year occupied appears empty, his wife and children in tears; nothing is now administered, no hope or consolation, not even a prospect of early removal to a distant colony, where by good conduct his sentence might be shortened. No! he is sentenced to transportation, and is not transported perhaps for years, perhaps not at all, for in all probability desperation, disease, and death will, at no remote period, put an end to his sufferings, and the coroner coolly brings in a verdict of "Died from natural causes!"—But I fear I am trespassing too far on your pages. Hoping some one more capable will take up the subject, I am, yours, &c.,

CHARITY.

ON HERNIA.

THE exact discrimination of herniary protrusion is most commonly sufficiently easy; the illustrations, however, prove it occasionally otherwise. When confined within the inguinal canal, it will be in general doubtful, although the presence of the symptoms of strangulation, with decided tenderness, even without tumour in the canal, would fully warrant the operation.

The complication of hernia with hydrocele always augments the interest, and sometimes the embarrassment of the case. But where the hernia admits of being returned, and the fingers of one hand pressed against the inguinal opening, the other supporting the hydrocele, and the patient is desired to cough, the true position of the case is at once established; by the impulse felt at the groin above, not reaching the hydrocele below. It is here curious to observe the beautiful facility with which the natural powers occasionally contrive, by means of one infirmity, to obviate another; even converting the thickened cyst of a large and well-braced hydrocele into an efficient truss, capable of preventing the protrusion of a hernia.

Of the case in which four protrusions took place, by two openings into two sacs, it is observable, that numerous partial obstructions may induce a result, nearly equal in degree to one absolute arrest from strangulation; although not attended, it will be perceived, with exactly the same set of symptoms.

The examples in which the operation failed to save life, in consequence of disease in the arterial system, are important, as having given no intimation of probable failure in the preceding state of the pulse, and also as having been attended with alarming collapse during the operation, in only one of the two cases, and that the instance in which the morbid change in the condition of the large vessels was least advanced. The arrest of development, in the usual results of inflammatory action in one of these cases, can only, it appears, be explained

by the consequent defective energy of circulation.

The instances in which close adhesion between the bowel and sac existed, are much less important as creating additional difficulty in the operation, than as offering so many exceptions to the rule by some laid down as invariable, that the operator will always be apprised of having opened into the hernial sac, by the escape of a little serous fluid. A rule which, if trusted, might evidently, sometimes, lead to opening the intestine as well as the sac.

The instance of direct inguinal hernia in which the protrusion made its way through the middle of the spermatic cord is curious, presenting a position which must be, at least, extremely rare; a predicament it would have been difficult to demonstrate in the preparation had less caution been adopted, in operating, preserving the peritoneal sac entire. Its practical importance, however, is still greater, as illustrating a distinct cause of failure, where the strictured part of the bowel, under acute inflammation, has suffered from fibrinous effusion between its tissues, the effect of which change is the prevention of subsequent relaxation in the gut, although it may be safely returned, thus precluding recovery. In another case, also pretty clearly illustrating the remote effects of a minor degree of the same mechanical difficulty, the resulting obstruction not being complete, but partial only, the consequences were, nevertheless, sufficiently serious and distressing.

Several instances evince the powerful and successful influence of the tobacco fume; but the more permanent and deleterious effect of the infusion may convey a salutary caution to practitioners against using so hazardous a remedy.

The example of femoral hernia, in which I found the epigastric artery placed close along the upper margin of the sac, is calculated to convey a caution as to dividing the stricture upwards, the importance of which can be justly appreciated only by seeing the preparation.

To meet with a small portion of strangulated gut, concealed in a line of enlarged glands, is, I believe, a rare occurrence; although, had I operated, it would not have incurred any material difficulty.

The instance adduced of inflammation, mortification, and subsequent prolapsus of the incarcerated gut, is, happily, a complication not often met with; its principal interest regards the pathological state of the parts. In the example of fatal diarrhœa coming on after the operation, the effect of drastics previously given is a cause of failure rarely observed; although, seeing how little real advantage attends the use of purgatives before the operation, it may tend to inculcate more reserve in their exhibition.

It is reasonable to expect that the line of constriction round the strangulated bowel should now and then become a line of violent irritation, and that, under delay in operating, this irritation should induce ulcerative absorption and its consequences.

Of the umbilical hernia, the first case manifests an unusual quantity of contents, with great expansion, and at the same time, considerable thickening of its lining peritoneum. The second case is only interesting as conveying a practical caution, which may prevent the operator in finding one opening occupied by a bit of easily reducible bowel, from overlooking another concealed portion, which, confined within a second opening, may be the seat of strangulation. The third case demonstrates a very curious cause of embarrassment in the transmission of contents through the bowels, through a singular state of the serous membrane, an excessive shortening of the alimentary tube, and a consequent crowding together of the valvulæ conniventes.

The last case related, that of thyroideal hernia, rests its principal practical importance upon the presence of a peculiar and diagnostic symptom, the spasmodic pain down the limb, which may, in other cases, lead to its detection, and which has not, that I am aware of, been before noticed.—*Hawship on Surgical Disease.*

ACCOUNT OF A CHILD BORN WITHIN EIGHT MONTHS, PRESENTING IMPORTANT ANOMALIES IN ITS DEVELOPMENT.

By ERIC MACKAY, M.D. Edinburgh, of Birmingham.

Mrs. F—— considered herself in the eighth month of her pregnancy, when she was delivered upon the 1st of March of the subject of the following observations. The appearance of the child corresponded with its mother's opinion of the duration of her pregnancy. It lived nine days, during which it cried almost incessantly, and was very frequently convulsed. It refused to suck, and partook very sparingly of the milk-and-water with which it was fed. Shortly after its birth, and two or three times daily while it lived, the contents of its intestines, and its urine, were discharged at the larger of the abdominal orifices mentioned below. The latter secretion was occasionally passed separately.

In a space about an inch and a half in circumference, immediately below the umbilicus, the peritoneum formed the only boundary of the abdomen anteriorly, with the exception of a narrow slip of the usual parietes, which crossed this space from the right of the umbilicus, to the left spine of the pubes. Immediately below this space, and to the left of the mesial line, the orifice in the abdominal parietes was situated, through which the meconium, fæces, and urine were discharged, and which after death appeared in size sufficient to admit a common pea. A smaller orifice, which was first observed during the post-mortem examination, existed to the right of the foramen. At the usual situation of the anus, a pouch projected, about an inch from the perinæum, which was believed, and appeared to be an extension and the termination of the rectum. The development of the child presented no other variety externally.

Upon exposing the interior of the abdomen, an oblong prolongation of the right lobe of the liver, about an inch in width, was found to extend below the umbilicus, so as almost to touch the pubes. The alimentary canal was normal as far as the lower part of the ilium, where it terminated abruptly in a pouch. About three inches above its termination, it communicated by a contracted prolongation of the tube, with the larger abdominal orifice, which has been described. A continuation of the ilium, about three inches long, was found detached from the upper portion, closed at both ends, and which communicated with it by a very narrow tube, which was attached to the mesenteric surfaces of both. No trace of the large intestine was perceptible. The right kidney lay across the brim of the pelvis, partly occupying the right iliac fossa, and partly lying in the former cavity. Its ureter was about as large as a common quill, very tortuous in its course, and terminated in the smaller abdominal orifice, which has been described. The left kidney occupied its usual position, and its ureter, equally large with that of the right, terminated in the larger abdominal orifice with the prolongation of the intestinal tube. The bladder and urethra were wanting.

The uterus was very small, and, with the ovaries and their appendages, lay partly in the pelvis, and in the left iliac fossa. The left round ligament of the uterus was particularly distinct. There was no vagina.

Upon slitting open the pouch, which was supposed to be a prolongation of the rectum, it was found to be an extension of the spinal canal, into which a probe readily passed. The parietes of the pouch consisted of the usual serous lining of the canal internally, and of the integuments externally.

Nothing unusual was observed in the remaining viscera of the abdomen, nor in those of the thorax. The head was not examined.

The preceding history is interesting from the length of time which the child lived, notwithstanding its premature birth, and the important deficiencies and peculiarities in its development, as well as from the nature of the latter. The deficiencies consisted in the partial absence of a considerable portion of the abdominal parietes, of the whole of the great intestines, of the bladder and urethra, and of the vagina and external genital organs.

The peculiarities in its development consisted of the unusual form of the liver and of the intestinal canal, of the preternatural outlets for the excretions, and of the prolongation of the spinal canal, which has been referred to. The latter is the most worthy of observation, from the circumstance of its having so closely simulated an extension of the rectum, that had there been no other anomaly than the abdominal outlet for the fæces, it might, in due time, have been laid open, in the hope of getting rid of the inconvenience attending the latter, and of procuring the evacuation of the fæces at the natural orifice. In the instance in question, such a step would evidently have been unjustifiable, but it is not impossible that one may yet occur, where such an operation might seem to be indicated, and from its apparent insignificancy, to promise perfect success. The consequence of laying open the pouch referred to, would inevitably have been the speedy, possibly the instantaneous death of the infant; and to guard against such an occurrence, induced the writer to record the present case. He is indebted to William Baulton, Esq., Demonstrator of Anatomy at the Birmingham Royal School of Medicine, for having afforded him the opportunity of investigating its nature.—*Edinburgh Jour. of Med. Science.*

A SKETCH IN VERSE OF A WATERING-PLACE.

Chemist, druggist, and apothecary, once facetiously called "Numerous Tubs," in a large and fashionable inland watering-place of the second magnitude, being A. H.'s "Maxims" in his own quaint and natural style, when in his evening hours of ease, he reclined back in his chair *vis-a-vis* to his friend, and talked of the world "comme il va," and "things in general." This sketch is not conceived in a satirical or unkind vein, but was written thirteen years ago, from the pleasant reminiscence of a convivial, liberal, and volatile original, whose social and companion-like qualities deserve to be remembered as cordially, as his late reverses in the chops and changes of these perilous times are sincerely to be regretted by his old friends.

A. H.'s MAXIMS OVER A CIGAR.

Let your cook be ugly, lest some leer-eyed wretch,
Should on her cast his ogles in a letch;
'Tis hard to choke him from her ruddy cheeks,
The wench will quit you for the letcher's freaks.
If coves you raise, who've lived to polish bones,
To regular grubbers; see the varlet groans!
To work he'll grumble, and his place forsake,
Then as the vermin brews, so let him bake!
Nor be too hasty untried men to raise,
Tho' seeming merit may bespeak your praise;
See how a hungry, lean, and ragged colt,
From him who strokes him never aims to bolt,

But grateful tears trace down his hairy face,
His head he tenders with a pleased grimace;
But give him pasture, lead him to a rick,
His mettle rises, as his hide grows sleek;
Bolt at your stomach fly his iron heels,
And what he was, no longer knows or feels.
To trouble the body the mind was meant,
My good friend Jem, to be convenient!
But viewing, like me, their *grubberies* o'er,
I peel as white as a lily before:
I'm up, in condition as prime as Spring,*
And none but we could toss up in the ring!
The dangerous time is when a man's in lush,
And every fellow makes a desperate push.
I own I rambled in Queer-street last night,
But Andrew still preserved a second sight.
To hookey me they thought—I knew the note,
And left the plants, and jumped from out the boat:
They tried it on, but Andrew's not their mark,
At Sam Moss's go, I cried out "Stow the lark!"
Then home I brushed, and long I poked the door,
And key into the key-hole could not bore,
So I gave th' office, and awoke the child,
"Who's there?" said wife; "'Tis Andrew," and she smiled.
To-day I've stuck to shop, or overhead,
And kept the gilt upon the gingerbread.
I never knew the times so bad before,
And little boats, I see, must near the shore.

ANDREW.

POSTSCRIPT BY 'F.'

Our friend, who once was joked for "Num'rous Tubs,"†
We hope will rightly take our humorous rubs;
But much we liked the man, and more his mind,
His heart was open, volatile, and kind;
We loved his humour and we loved his talk,
He moved some paces from the common walk;
He thought, observed, and quaintly read mankind,
And, while he throve, was lib'rally inclined.

FUSCUS RIGDUM FUNNIDOS, M.D.

May 11, 1841.

OUR LETTER-BOX.—No. I.

WE sometimes get refreshers from old friends on medical politics. The following is from an old colleague, with whom, and other estimable physicians and surgeons, we were associated fifteen years ago in promoting EXTERNAL and INSTITUTIONAL REFORM, and INTERNAL or SELF REFORM. As surgeon of a provincial hospital, and a lecturer on anatomy for some years, and otherwise a superior member of the profession, as well as a generally accomplished man, his opinions merit attention. "You ask me if I am doing anything for Medical Reform? To tell you the truth I am heartily sick of the subject, Associations and all. What have they done these last ten years? Nothing but talk of Reform, whilst Reform is just as far from our grasp as at the beginning. Reform, like charity, ought to begin at home, and if the individual members of our profession will do dirty work for the public, the public will keep them as long as it is possible without giving them a helping hand to lift them out of the mire."—*May* I, 1841.

Our opinion on these remarks, and the procrastination which it condemns is, that Reform in England has been always driven off to the last moment, and hence come too late to do that good which it would if it came in good season. In this country the POWERS THAT BE have ever been avariciously tenacious of abuses. When it has been reluctantly conceded by interested and corrupt men at last, the ravages have been generally such, that Reform, like a sound remedy in a very desperate case, is generally applied too late to produce great benefit. The old maxim of "obsta principiis" in Reform is far better, if we could get over the selfishness and prejudice against it. We do not wonder that the patience of the profession has been sickened and wearied by the Alexandrine length of the delay, and nearly a half century's constant agitation and remonstrance in vain.

EDITOR.

June 3, 1841.

* Spring the bower was about that time near C., and the general talk.

† Counter stated that our friend sent out "*numerous* Tubs," containing intromuriatic acid lotions, or being Scott's chlorine or acid footbaths, which the Hepatists of Cheltenham applied at one time as the fashionable humbug of the day, in all cases of "unshipped liver." As these were tubs, like Swift's, "thrown out to the whale" by the water-doctors, to keep the whale in credulous good-humour, and give him something to play with, a wag made the most of the phrase "*numerous* tubs," at the expense of our worthy friend, in an unlucky rhyme. So true is the remark of Pope,

"Whoe'er offends, at some unlucky time,
Slides into verse, or hitches into rhyme."

POLYPUS OF THE UTERUS SUCCESSFULLY TREATED.

By M. P. MOYLE, Esq., Surgeon at Helston, Cornwall.

ON March 1, 1839, I was requested to attend, without delay, upon Mrs. W., who was represented to be in imminent danger from flooding. On my arrival at her house, two miles distant, I found my patient just emerged from a long state of syncope, into which she had fallen from an excessive and sudden hæmorrhage from the vagina. Her casual attendant showed me two urinals, one about three parts filled, and the other about half filled with coagulated blood, stating that the whole was lost in the space of two or three minutes, without any unusual pain or warning.

As she had not long resided in my neighbourhood, her nurse could give me little or no information respecting her previous indisposition; but I was assured that she was not pregnant, but had for a long period been labouring under some disease of the womb. Finding that the hæmorrhage had for the present ceased, and that the patient was gradually rallying, my attention was first directed to restoring her to animation; and after the lapse of more than an hour, she was able to inform me that she had been under a physician's care for about five years, with that he termed a polypus of the womb. She was 44 years of age, and had had three or four children—the youngest of whom was 14 years of age. She had frequently lost small quantities of blood in a similar manner to the present, and was daily getting weaker. On examination, the abdomen was found greatly distended; the induration was very irregular, one part, about the size of a child's head, was most prominent, and was the only part painful on external pressure. Her legs and thighs were swollen almost to bursting; her countenance had been excessively pallid, and without a particle of colour in cheeks or lips for more than twelve months, and there had been, for a similar period, a great difficulty of respiration. Her appetite was very bad, the urine scanty, and her strength would scarcely enable her to move from bed.

After I had remained with my patient upwards of an hour, she had recovered greatly from her fainting, and I had obtained all the information which convinced me that it was a polypus of the uterus under which she laboured; a fresh appearance of hæmorrhage induced me to give her at once two drachms of the tincture of secale cornutum, the valuable effects of which I had often before experienced. I also applied a bandage firmly round the abdomen, and applied cloths, wetted with cold vinegar and water, to the pudendum. The discharge proved to be little, and no faintness followed. In twenty minutes after the first dose, the tincture was repeated, and in a few minutes she complained of being griped. Suspecting this griping to be a slight contraction of the uterus, I ventured an examination by the vagina. The vagina was full of coagula; the os uteri was flabby and dilated to the size of half-a-crown piece, immediately within which I found a substance of a somewhat firmer texture than the coagula, and around which my finger passed freely. During the examination there was a pain of sufficient force for the os uteri to embrace the finger firmly, and I now felt confident of being able to subdue the hæmorrhage for the present, and was not without hopes that I might, by perseverance of the remedy, enable the uterus to throw off the extraneous substance within it. A third dose was now administered, [illegible] kept up the pains at short intervals, but they [illegible] weak and feeble. Finding this the case, the position was, that she was too much reduced the disease and the recent loss of blood for the cine to have its full effect. A cup of gruel, a small quantity of brandy in it, was given and in half an hour after, another similar which had the effect of reviving her [illegible] degree. I now took my leave, about eight P.M., giving directions for a repetition of the together with some beef-tea, at intervals hour or every second hour, leaving with her doses of the secale, to be taken at intervals an hour; in case there should be the appearance of flooding, I was to be sent for diately.

Early on the following morning, I found labouring under sharp contractile pains uterus, from having taken, two hours previ two doses of the secale. Examination disclo the mass of polypus filling the vagina. The tient was very cheerful, and expressed herself vinced that the mass was coming away. were by this time not so severe as they had and consequently I now gave her three drachms the tincture in a little brandy. This had in about twenty minutes, of producing a very pain, which brought the mass to the os exter It was now grasped with the hand, but d recurrence of the pain, the whole was distend Slight hæmorrhage only followed the expulsion the polypus, which equalled in size two large centus. From this moment she recovered great rapidity. There was a slight appearance the menses at the end of six weeks, succeeded a more abundant appearance at the termination another similar period. She daily improved health, the œdema gradually subsided, and though she was for many months unable to the whole weight of her body on the right leg from bandaging, the use of tonics, &c., she in all respects, a perfectly healthy and woman.

CASE II.—The happy result of the foregoing induced me to make inquiries after a Mrs. P. wife of a miner, aged about 47, who had borne one child, now aged 19, and who had labour under polypus of the uterus for between three four years, and whom I had lost sight of for than six months, in consequence of her refusal submit to the tying of the neck of the polypus which, on a previous examination, I discovered be situated but a short distance within the vag

I found her still labouring under the disea and subject occasionally to a bloody sanious d charge. She was not greatly increased in siz but had evidently suffered in constitution, h much emaciated, very pallid and weak, with a quent pulse, and œdematous feet.

On representing the success of the foregoing ca to her, and the means by which the cure was a complished, she readily consented to yield to similar treatment. On September 7, 1839, I vis ed her, and on the administration of the fourth dose of the tincture of the secale cornutum, the were two or three slight pains experienced. A sea was produced, and the stomach rejected contents. Shortly afterwards she had a more labour pain, as she termed it, and refused for a time to take any more of the tincture. After persuasion, however, she took a 5iij. dose, but a parently without much effect as regarded the se rity of the pains, but on examination by the va na, the os uteri was felt much dilated and diffi ble with the finger, during the intervals of t pains, while the pains themselves caused an e dent contraction of the uterus, and a slight protr sion of the polypus mass through the mouth the womb.

An accident at a mine compelled me to le her rather abruptly, but with a promise to ret as soon as possible, and leaving behind me t doses of the tincture, to be taken at intervals of hour or oftener, in case the pains disappeared. returned at the end of about three hours, and fou that both doses of the tincture had been taken, pains continuing at intervals of about five minut that she could no longer remain out of bed, wi ing that she had never consented to take t

...ings, that she would rather have died than done so, with many other lamentations, "*at being so racked to pieces.*" An examination proved the mass of polypus distending the vagina, and I could not easily trace it to the os uteri—the patient being unwilling to have anything more done to her. However, on convincing her and her husband that everything was prosperous, that the mass was coming away, and that another dose would in all probability accomplish the business, she took it. The pains increased, I grasped the mass, and in a pain or two the whole came off entire—a mass about the size of an average placenta; thus accomplishing what may fairly be called a cure, in about an ordinary period of a common labour, or little more than seven hours.

Slight pains continued for upwards of twelve hours afterwards. There was no hæmorrhage, and she expressed herself happy and comfortable at the result. She continued weak and feeble for some days, but what is very remarkable, and what there was not the slightest appearance of in the first case, the third day after her riddance of the tumour, she said that her milk had risen, and that her breasts were very painful—it is true they were much distended, and that the secretion of milk was abundant. By the application of warm flannel to purge or two, and great abstinence from every nutritious food, the milk quickly subsided, all fever disappeared, the œdema of the feet gradually went away, and in a fortnight she was enabled to attend to all the wants of her husband and family.—*Edinburgh Jour. of Med. Science.*

REPORT OF A CASE OF GLANDERS IN THE HUMAN SUBJECT.

By ALEXANDER GRAHAM, Esq., Surgeon, Pelmont Cottage, near Falkirk.

J. S. a carter, aged seventeen, consulted me on the 2nd of February, 1840, about a pain he had felt for some days previous in the index finger of the right hand, which was swelled and slightly inflamed. The skin covering the first phalanx was of a livid colour, and there was fluctuation underneath. He had a considerable degree of febrile irritation. On opening the finger, a very small quantity of thin greyish-coloured fluid escaped, without affording any relief from pain. The soft parts appeared dead, but no line of separation was observable, nor indeed for many days after were there any symptoms of impending danger. He continued in nearly the same state till the evening of the fifth day from the time I first saw him, when the soft parts covering the first phalanx came off during the dressing, leaving the bone exposed. On removing the bone, which was easily done, without causing the least pain to the patient, the part presented the appearance of a very healthy-looking sore, and the redness and swelling of the hand and finger entirely disappeared. On the following day, however, a new and more alarming train of phenomena presented themselves. During the preceding night, he experienced a great tendency to rigors; there was increased pyrexia, and he complained of a pain over the spine of the left tibia, near its distal extremity. At this place there was a small circumscribed tumour, which was very painful to the touch. The integuments were slightly inflamed, and an obscure fluctuation was also observed. On interrogating him and his friends closely regarding the sore on his finger, it was discovered that he had been driving a glandered horse, and that it was possible it might have been produced by his finger, which was scratched, coming into contact with the diseased animal.

On the eighth day the tumour over the spine of the tibia had nearly disappeared, but he experienced severe and constant pain from the site of the swelling along the inside of his leg, as far as the middle of the thigh, which was tense and swelled. He showed much restlessness and anxiety; his stools were of a darkish-green colour, thin, and fetid; his tongue was loaded, and he had great thirst. The pulse was quick and small.

On the following day (the ninth) his finger appeared to be healing; but he informed me that he had passed a very restless night, without sleep, and that the pain of his leg was more severe. The absorbents now became red and hard, and their course could be traced distinctly as far as the knee-joint. The leg and thigh were more swelled, and the tumour was hardly perceptible. The pulse was 120, and small, the skin hot and dry, and the tongue very foul.

Next day I found the leg and thigh more swelled, and found it necessary to make several incisions on the inside of the leg. They did not bleed much, but nevertheless afforded the patient some relief. His bowels were open, and the stools were fetid. From this time he became gradually worse; and on the evening of the day before that on which he died (the twelfth), when I visited him in company of a professional friend, we found a general tumefaction of the whole body, but mostly of the left side. His head and face were much enlarged, and in addition to this increased swelling, there were all over his body and face several distinct and prominent pustules, resembling variola, none of which were visible the preceding day. The inside of the leg and thigh were also covered with a great number of gangrenous spots, of irregular size and shape, ranging from the bulk of a split pea to that of a shilling, but without vesication, or the least appearance of separation. These gradually increased in size and number until he died on the 13th of February.

During the whole course of his disease, and even up to the very close of it, there was not the least manifestation of any disturbance in the sensorial functions.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

INDOLENT ULCERS, HOSPITAL GANGRENE.

This patient was a stout subject, rather corpulent, and of plethoric habit. He was admitted for ulcers of the leg of considerable standing, with an unhealthy state of the cellular tissue; a number of circular excavations with a sloughy surface, and undermined skin, occupying the lower third of the leg. The treatment consisted in elevation of the limb, the cleansing of the surface by poultices, and the after-use of the water-dressing. This, however, failing in its effects, the potassa fusa was unsparingly used. The slough formed by this application separated under the use of poultices; and when granulations formed, a stimulating lotion was applied. He was placed on full diet, and took iodide of iron, with occasional purgatives.

On the 16th of March, when the sores had nearly all filled up and cicatrized, with the exception of one which contained a small spicula of necrosed bone, the patient took cold, which he ascribed to a draught from an open window, and had an erysipelas of the right side of the face, attended with pyrexia and constipation. Fomentations were assiduously applied to the affected parts, a senna and jalap draught was administered, and this was followed by saline antimonial medicines. The sores on the shin continued healing, except the one noticed, which now looked sloughy, and was very painful.

19. The erysipelas is on the decline, and the patient is much better; three of the ulcers have now, however, assumed the sloughy character, presenting a white surface, with minute pointed vesicles or transparent granulations, and undermined and everted edges. The integuments around are of a dusky red hue. To have a poultice made of bread, and solution of chloride of soda to the ulcers. To continue full diet, and to have eight grains of Dover's powder at bedtime.

20. Slept tolerably well: has less pain: bowels confined: pulse quick and full: tongue dry, and brown in centre: thirst. To have half an ounce of castor-oil directly. Gangrene has extended. In the evening about eight, the patient became much alarmed, in consequence of his having vomited all he had taken; his countenance was pale and anxious; his pulse continued quick and somewhat full, but compressible. Ordered a saline effervescing draught, containing a minim of hydrocyanic acid every four hours. The sores have put on so decidedly gangrenous an appearance, that undiluted nitric acid was freely applied to them, and this reduced the whole surface to a white pulpy slough. Continue the poultices. A pill containing one grain of opium and five of camphor at bedtime.

21. Vomiting has ceased: he is somewhat better.

22. The sloughing has rapidly extended to the ulcers which had nearly cicatrized on the outer side of the leg, and that on the shin has enlarged in every direction, undermining the integuments, so that it is now as large as a man's hand. Pulse still full, but compressible; tongue brown, dry, and glazed. To have a draught consisting of three grains of sesqui-carbonate of ammonia, an ounce and a half of decoction of cinchona, and one drachm of the compound tincture of the same three times a day. The opium to be continued at night; the nitric acid again freely applied.

24. The integuments are less red and inflamed round the ulcers, and there is less pain; sloughs still adherent. Expresses himself as more comfortable; sickness has returned; pulse weak and very irregular; surface of the body covered with sweat. Add half a pint of porter to diet: to have arrow-root, and four ounces of brandy per diem. Chloride of lime to be frequently sprinkled about the clothes, &c.

25. There has been considerable bleeding from the sore, the surface of which is very foul, and the sloughs are separating; the gangrene, however, is still advancing at some points; the patient is quite cheerful, and feels very comfortable; tongue getting cleaner; pulse more regular.

26. Bleeding has again occurred; several pulpy and most offensive sloughs have separated; the discharge is more abundant, and has more of a purulent character; the smaller ulcers are cleaning, and the constitutional symptoms altogether improving; pulse has recovered its rhythm, and is more full; countenance improved. Yesterday the sore was cleansed by irrigation with chloride lotion, and repeated this morning.

27. Sloughs nearly all separated, and granulations commencing with abundant discharge; health much amended; the tibia and the tendon of the tibialis anticus exposed.

28. All the sloughs have separated, the surface is covered with large granulations; discharge white, thick, and abundant; a stimulating lotion applied to the sores; the ulcers have continued improving very slowly, the cicatrix frequently giving way at points, and ulcerating.

The prohibition against washing the floors of the wards has been observed for three weeks, it was permitted at this time to resume it. In a few hours after, in the evening, the patient was seized with rigors, which lasted, but not violently, during the night; and in the morning the ulcer was found pale and flabby, with little or no secretion. Ordered ammonia and stimulants; water-dressing to the sore. After this he went on favourably.

May 13. The sore has contracted slowly, but is now perfectly healthy.

This is a good specimen of the cases of gangrene which have been very numerous in the surgical wards this season. They commence with sudden degeneration of the sore, accompanied with the presence of white pointed granulations, resembling vesicles; and are followed by the formation of pulpy grey sloughs, the surrounding skin being of dusky red colour, extensively undermined, with edges swollen and everted. There has been a constant tendency to assume a circular or oval figure; and in every case, hæmorrhage from the ulcer preceded any signs of amendment. The nitric acid appears to have had less influence on its progress than in other cases of phagedena, for in every instance there has been some amount of loss of substance before healing commenced. In a

the local appearances were ushered in by some constitutional disturbance; and the cicatrisation has been very slow, and retarded by the occasional ulceration of new skin.

KING'S COLLEGE HOSPITAL.

CASE OF ANEURISM OF THE AORTA SIMULATING CHRONIC LARYNGITIS.

Jane Scott, aged 46, a widow, of thin, spare habit, was admitted on the 22nd of September, 1840, under the care of Dr. Todd. As it was late in the afternoon when she came into the hospital, a sufficiently minute investigation of her case could not, at that time, be instituted. The following particulars, however, were obtained:—She had been subject to cough for some winters. Six months ago she had, what she calls, the influenza, and with it she experienced a great difficulty of swallowing, especially anything hot; dyspnœa and loss of voice. She improved slightly under the treatment then adopted, and on the 17th of September she applied at the hospital as an out-patient with laryngeal symptoms, for which a blister to her throat was prescribed, and some tartar emetic administered. The symptoms not yielding, she entered the hospital. On her admission the symptoms were dyspnœa, *with considerable wheezing in the larynx*; voice almost gone; respirations thirty-two in number. Although the breathing is always hurried, yet, at times, paroxysms of violent dyspnœa, threatening suffocation, come on. Some days previous to her admission, one of these paroxysms was stated to have lasted twenty minutes. Pressure on the larynx does not occasion pain; the fauces are a little red; but the epiglottis, when examined by the finger, does not appear swollen. There is an abundant frothy expectoration, and she has expectorated blood in considerable quantity, until within a week of her admission; percussion did not indicate anything abnormal in the chest. In the right lung there was much muco-sonorous ronchus; in the left the respiration was pure, but feeble. The heart, when examined in the cardiac region, appeared natural; their was no abnormal bruit; pulse 120, small, and feeble; skin cool; bowels open. Dr. Todd stated, that he was disposed to regard this case as one of chronic laryngitis, combined with chronic bronchitis, and, perhaps, some emphysema; but deferred giving a more definite opinion until he should have an opportunity of examining the patient more minutely. She was ordered small doses of calomel and opium, to be frequently repeated. Towards night, according to the nurse's report, the patient became much easier, and slept quietly; in the night however she ceased to breathe, and was found dead when the nurse came to give her her medicine.

After-death Appearances.—The body was examined the following day. Attention was first directed to the state of the larynx. The mucous membrane lining the glottis and neighbouring parts was pale, but healthy; as likewise was the submucous tissue. On the left side, however, the membrane appeared sunk, as if the subjacent tissues had shrunk, and on dissection it was found that the muscles of that side were atrophied, and wasted, to at least one-third their natural size, whilst those of the right side were plump and well developed. The affected muscles were the left crico-arytenoideus posticus and lateratis, the thyro-arytenoideus, and left half of the arytenoideus: these were pale, their fasciculi diminished in size, so as to allow the intervening cellular tissue to become apparent. The crico-thyroid muscles did not appear to be affected. The wasted state of the laryngeal muscles suggested the examination of the nerves of the larynx. The inferior laryngeal, or recurrent nerve of the left side, was found decidedly smaller than that on the right; and on tracing it to its distribution in the thorax, the cause of this diminution, as well as of the wasting of the muscles, became abundantly obvious. A tumour had formed in the posterior mediastinum, pushing the trachea, left bronchus, and the neighbouring parts, to the left side. This tumour proved to be an aneurism involving the terminal portion of the arch of the aorta, and the commencement of the thoracic aorta. The sac was globular in form, and in size equal to that of a large orange; it commenced immediately below the point of origin of the left subclavian, and extended downwards for a distance of about two inches and a half; it pushed the left bronchus forward, and compressed the left side of the trachea. The recurrent nerve passed behind it, flattened by, and imbedded in, its posterior wall—and no doubt it was to the stretching and compression which the nerve thus experienced, that the diminution in its size, as well as the consequent atrophy and wasting of the corresponding muscles, was due. It was remarkable that the recurrent of the right side, and indeed, the whole vagus above it, appeared to have acquired a decided increase in size. The lungs were emphysematous and much congested; the bronchial membrane was very vascular, and the longitudinal as well as transverse fibres of the bronchi much enlarged. The heart was natural.

In making some clinical remarks on this case, Dr. Todd stated that although the examination of this patient was quite insufficient to lead to a correct diagnosis, it was by no means clear that even with a more minute investigation that the true nature of the disease would have been discovered; the aneurism being so small, so deep-seated, and so involved in the surrounding parts. The case, however, was one of extreme interest, practically and physiologically: the train of symptoms which had attended it had long been admitted by physicians as occurring in conjunction with aneurism of the arch of the aorta, although not *necessarily* indicative of that disease. Most observers had attributed these symptoms to compression of the trachea and bronchi, and had overlooked the condition of the recurrent nerve. In this case, at least, there was the most ample evidence that the pressure upon that nerve occasioned the laryngeal distress, the loss of voice, and the other symptoms which so closely resembled those of chronic laryngitis. The muscles atrophied were only those supplied by the recurrent, and upon which vocalization and the opening of the glottis mainly depended. The partial atrophy of the arytenoid muscle must have occasioned a very unequal action of it; so that, in short, the larynx was given up to the muscles of the right side with the cricothyroid of the left: this latter muscle, which was supplied by the superior laryngeal nerve with its fellow of the opposite side, made tense the vocal chords, and therefore tended to the constriction of the glottis. The dilators of that aperture being much impaired in their action, the constrictors experienced no opposition from their antagonization; hence the difficulty which the patient experienced in inspiration, the stridulous noise produced during her laborious efforts to inspire, and the imperfect vocalization. The case likewise afforded a very interesting proof of the anatomical distribution as well as of the physiological office of the recurrent nerve; the atrophy affected only those muscles which derived their nervous energy from it, whilst all the other muscles were plump and well nourished. It was plain, then, that the nerve in question must be the principal muscular or motor nerve of the larynx; it was equally plain that the crico-thyroid muscle, the only one on the left side not atrophied, must have derived its supply from another source, namely, as all anatomists now admitted, from the superior laryngeal.

Dr. Todd quoted three cases quite analogous to the present one. The first was recorded by Dr. R. Graham, the second by Dr. Alison, and the third by Mr. Lawrence. They were referred to in Dr. Hugh Ley's 'Essay on Laryngismus Stridulus.' They were all aneurisms of the aorta, compressing the recurrent nerve, and producing the same symptoms.

UNIVERSITY COLLEGE.—At a meeting of the Council of University College, on Saturday last, Dr. W. H. Walshe was appointed to the chair of Pathological Anatomy, rendered vacant by the retirement of Dr. Carswell last summer. Dr. Walshe is the author of the very excellent article 'Carcinoma' in the 'Encyclopædia of Surgery.'

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THE MEDICAL TIMES.

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June 19, 1841.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 92. Vol. IV. LONDON, SATURDAY, JUNE 26, 1841. PRICE THREEPENCE. STAMPED EDITION, 4D.

For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.——Subscription, Quarter, 4s. 6d.; Half-Year, 8s. 6d.; Year, 17s. 4d.

(T. BAILEY, WELLINGTON STREET NORTH, STRAND.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED.

NO. XVI.

"Physicians will undertake all cures, yet know not the *causes* of [illegible] Diagnosticum!"—*Ford's Love Melancholy.*

1. *Apothecaries' Evidence.*—2. *Census of the Profession.*—3. *Regulars and Irregulars.* 4. *Apprentices.*

THESE respectable witnesses proposed certain remedies, but these will appear more appropriately and effectually in our general scheme and detail of the specific and special measures of Reform, and our future considerations of the various bills to be brought before Parliament, Warburton's, Wakley's, Sir John Campbell's, and the Close Corporation Bills.

The Apothecaries' Act of 1815 and 1818, and subsequent Acts, in their operation, have disclosed the following general results respecting IRREGULARITY and QUACKERY in England, the numbers regular and otherwise, the average degree of education, preliminary and professional, the results of examinations, the mental character and condition of the rejected, the ignorance, folly, and prejudice of the English public in encouraging, protecting, and screening irregulars and quacks, the deficient hospital education of the general practitioners and Scotch graduates, and the failure of all preventive or prohibitory legislation by criminal law, to prevent or suppress all the "beastlye abuses of physic and surgery in this country." We shall extract the "lucem efulgere," and place the real history of the medical profession in England in its true colours before the world.

We shall give these topics in distinct paragraphs, with numbers and heads to adapt the reader to the frequent transitions of the subjects.

1. *Numbers, Regular or Irregular, in Practice.*—We have already stated that the majority of practisers in England up to 1815 were irregulars, who, for the most part, had never passed the College of Surgeons, and were most deficient in every kind of education, even in the 19th century. They dubbed themselves GENERAL PRACTITIONERS. The PHYSICIANS, out of doubt, were for the most part not hingin this world but Aberdeen and St. Andrew's Scotch dub-stamped doctors, or like Molière's men, SELF-DUBBED DOCTORS. It is quite certain that there were at the same time many regular and superior men, who had been educated as bonâ fide physicians at the Universities, and as members of the "Corporation," and after 1800, "College" of Surgeons. From 1815 to July, 1834, the Hall licensed 7000 apothecaries; or, according to the figures in appendix, 6,107 from August 1, 1815, to 6th March, 1834. On the Hall witnesses being asked how many general practisers were in private practice as licensed or irregular practisers? the reply was, that ONLY ONE-HALF *were licensed* up to 1834! The ONE-HALF of the GREAT UNLICENSED and UNQUALIFIED, we need scarce say, were not the WHOLLY IGNORANT and UTTERLY INCOMPETENT only, but MOCK-GENERAL PRACTITIONERS. Need we wonder that we have a sanguinary race of Sangrados, riding like Satyrs to Hyperion, breathing his veins, blistering his carcase, saturating his bones, and all with mercury? or, that English practice has descended generally into repetitional system and routine?

On the witnesses being asked what were the names, numbers, and descriptions of the UNQUALIFIED and UNLICENSED practitioners in England and Wales? Mr. Nussey and his colleagues replied, that "the number was unknown, but supposed to be *very* GREAT both *before* and *since* the passing of the Act, and in despite of the prosecutions!" What shows the necessity of explicit registration more than this?

Mr. J. Ridout stated, that the number of general practisers, including the licentiates of the Hall, on a general but not exact computation, to be 13,000 to 14,000,000 of people, in 1834. But in adding the physicians and subdivisionists, the whole were then supposed to amount to 20,000 practisers of all grades and divisions. The number of unqualified and unlicensed practisers before 1815 was not known, but the entire profession, regular and irregular, were unlicensed and unqualified as apothecaries. Many, no doubt, had passed the Corporation or College of Surgeons. (*Mr. Ridout.*)

Mr. Nussey stated repeatedly, that the number of unlicensed practitioners, since the passing of the Act, and "even now (1834) is very great." Scotland appears to have imported the greatest number of hungry unqualified and unlicensed practisers. This is the best computation we have until the census and registration have furnished their results.

According to the most probable computation we can make from these and other data, we think the new census, which up to the 16th June is not ready nor divulged, will show the following numbers, or about.

1. Population, by increase of half a million *per annum* 17,500,000
2. The Profession 30,000

Say 30,000, as 3,000 may be added as the increase since 1834, when the Hall computation was made, and the profession was computed to amount to 20,000 REGULARS, and to 7,000; IRREGULARS. If we take the former population of England and Wales at 14 millions, as in 1834, the number of medical men in proportion to the general population is as 1 to 700; but it is evident from all we see, that the proportion of medical men compared to the people is greater. From calculations and conclusions we made, 15 or 16 years ago in a large watering-place, the results of which were verified in 1838 to an iota, as respects the *fatal* effects of OVER-COMPETITION, we are sure it requires at least a population from 2,000 to 3,000 or more to support one practiser or druggist. If so, the medical profession is overstocked and overcompeted beyond the possibility of two out of three existing by it; we say, at least, two-thirds; that is, there are two-thirds more practisers competing in practice than are required to supply the demand of the public, and who can never expect to live and get salt to their potatoes by the profession, much more a decent living. Something of course must be allowed for the numbers absorbed in the United Services, East India Service, and for men of private fortunes, who, except the one or third man that is sufficient to 2,000 or 3,000 people, is the only man who can make out an existence by the profession. By deducting the naval, military, colonial, and private practisers who have competences from those who depend solely on the profession; by remarking, after twenty years observation and experience of *one* large town, the number of population required to support one establishment (40 solvent families are required at the lowest calculation to support a single physician), and comparing the competitional results in that time, and also comparing the number of people sick at given times, or liable to be patients, according to fixed numbers in statistical tables, the truth or fallacy of our propositions will come out with as much certainty, as human events and changes of circumstances admit. But the over-competition in England and Wales is so excessive, that it is morally and numerically impossible that more than ONE-THIRD of the PRESENT TOTAL can ever get medical employment, and it is quite certain that an equal division of the people into 700 to each man's share, calculating the annual proportion of sickness in that number, would not find him in shoes to visit them, in private practise, poor and reduced as every 99 out of 100 persons are now in the country.

2. *Number of Apprentices.*—1,300 apprentices were constantly coming up to the profession in towns and cities, *where there were* NO *Medical Schools.* They usually bind themselves at 16, "devote 2 years or more," or 27 months instead of 24 months, (*John Bocot, Esq.*) to their London professional instruction; that is, two winters we suppose, or one year in time, and are for the most part examined at 23. It is certainly an improvement of this meagre short-cut, and cheap-bought sort of education, that the farce of apprenticeship has been one-half cut off. The change came late, but it was better late than never. Some curious exposures of the system of apprenticeship come out, but we must reserve them for an express sketch.

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The society has extended very judiciously the term of their medical education to 3 years, for it must be very clear what sort of figure men were qualified to cut in practice, who had had no more than two winters allowed to them to get up EIGHT Sciences!!! A short-cut and cheap education, and the addition of a "Nova Progenies," an Incrementum Jovis of 3,300 "raw boys" in a few years, under the denominations of Surgeon, Surgeon-Apothecary, and General Practitioner, account very satisfactorily for the over-gorged state of the profession, and the evils of redundant and overwhelming competition. That 3,300 have been constantly added by this quick process, is proved by the corresponding numbers on the list of the College of Surgeons, London. It is quite clear that for the Act and the rejections, 800 of these "raw chaps" would have been let loose on the country.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, June 18th, 1841:—

John James Cathcart; Edward Hoskins; George Nathaniel Grane; Orlando George Bell; Henry Young; Edwin James Isbell; Hugh Crawford Walshe; John Barton Harrison; William Smith; James Williams; John Thomas; John Fenton; James Crocome.

A DREAM OF MEDICAL COMPETITION AT CHELTENHAM.

"They conquered all but Fusbos, Fusbos them."
Bombastes Furioso.

"*Brag is a good dog, but Holdfast is better.*"
Old Proverb.

MISS BID TO DR. FUSBOS.

DEAR F., I've news! suppress your grin,
Curb in thy odd satiric chin,
Gilt-caned Gallens from other parts,
UM BUGGS of all Sciences and Arts,
M.D.'s like Fudge, keep coming here,
Who make our WATER-DOCTORS fear
That they in turn must cut and run,
In DEATHS surpassed, in DUPES undone!
Thine, ever, BID.

DR. FUSBOS TO MISS BID.

New Doctors, eh? Dear Bid, more Owls*
To Athens come as wonders, fowls
Of Minerva, new fledged and wise,
To fill all Athens with surprise?
But pause awhile, and mark my words,
These Owls will turn out common birds,
That prowl, and mouse, and get a run
In places not too blest with sun;
And having winged their stretch of flight,
Hope to flee in loftier plight;
But blinking, winking, mark their eyes,
How moped and slow the New Owl flies,
And curses at last the hour in vain
He left his former, humbler reign.

FUSCUS RIGDUM FUNNIDOS, M.D.

June 5, 1841.

* Byron tells people not to carry Owls to Athens, or Coals to Newcastle, and Horace gives this sage caution:—

"In silvam non ligna feras insanius, aut
Magnas Graecorum malis implere catervas."
Ld. i. *Sat.* 10.

It is unpardonable, said Romulus the founder of Rome, to Horace, in the deep midnight, when people say dreams are true, to increase the Grecian verses, which is like carrying wood to the forest, and water to the sea. Horace was a wise man, and laid by his design of a pleonasm. He tells it as a dream, for the same reasons as we name it a jeu-d'esprit, because he did not wish to push it as an extreme conclusion; but we hear Cheltenham is a speculative place, where migratory doctors are as thick as Greek versicles, and crowd and speculate in vain, where one or two individuals take all at once, and the majority never do at all. Each man loves apollos, and thinks himself an Athenian Owl, a bird of Minerva in talent; but there was a race of water-poets, to whom, like our water-doctors, Horace alludes in his "Prisco si credas," to show "what *short-lived* creatures they prove," though in these groves of Blarney, Cheltenham, Bath, and Leamington, like Puff in the Critic, or Pangloss in Moliere, they take such pains to proclaim themselves "Men of Talent" in local newspapers and venal journals.—Next week we shall pass from verses to figures.—ED.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE X.

IN concluding the consideration of the class Insecta of the Articulate division of the animal kingdom, in the preceding lecture, it was shown that insect life is divided into two principal periods, during which certain portions of the visceral system predominate. Thus, in the larval condition, the digestive apparatus is at the maximum, while the generative system is simple and rudimentary; and in the imago or perfect condition, the generative portion has assumed an imposing importance over the digestive. In the division of the animal kingdom at present before our notice, the sub-regnum Mollusca, both systems are combined in a proportion relative to their wants in the same individual, through all the periods of life.

Tunicata.—Many of the tunicated genera are fixed immoveably to the same spot during their entire existence, and many are aggregated together so as to constitute a compound group of distinct animals. This compound form not being the result of gemmation, as in the compound polypes, but arising from the peculiarity that the ova contain many yolks and many embryos. Such is the nature of the polyembryonic ova of some of the Ascidiæ, which remind us of duplex monsters, from the circumstance of a connection subsisting between their bodies at some one point of their surface. Some of these Ascidiæ form a rounded group of living beings, having the appearance of being composed of an aggregation of stellæ disposed in a particular order. The centre of the star in these creatures is formed by the junction of all the cloacal openings of a number of individuals, while the peripheral points are the mouths of the animals. The ova are extruded from the parent in a clustered mass; and the embryos, after their development, have the power of increasing their numbers by a process of gemmation, producing, by means of their high organization, all the essential parts which characterize the parent. Another genus of compound Ascidiæ resembles in its form a ramified coralline, a number of individuals communicating by means of a common stem, in which the general circulation is performed; but in this case each Ascidiæ possesses a distinct pharyngeal cavity and alimentary canal, a distinct respiratory organ, a simple sacculated liver, and an ovarium. In the Botryllus there is a double ovarium and oviduct. In a higher group of Tunicata, the individuals are larger and single, they are either sessile or pedunculate. Their mode of generation is similar to that of the compound animals, but the ova contain only a single yolk. The Cynthia has a simple granular ovarium. In the Bothelia the ovary is bilobed, and provided with two ducts.

Development of the Ova.—The vitellus, as in the progressive stages of other ova, becomes divided upon its surface into a multitude of small granules, in which the changes operating the formation of the embryo take place. On bursting through the chorion the embryo presents a form very similar to the tadpole, and is furnished with cilia over every part of its periphery, with the exception of its greater end, by which it afterwards fixes to the surface of some neighbouring body. On becoming fixed the body of the embryo shortens, and two orifices are produced; the one being the oral, the other the anal opening. In many of the fixed Tunicata there is no apparent difference between the male and female generative organs; but when their contents are examined with the microscope, in some, spermatozoa alone will be observed, in others ova. These essential parts have never been found combined in the same individual; it follows, therefore, that they are distinctly dioecious.

The next family of Molluscous animals is furnished with a more compact external covering than the mere membranous tunic of the preceding class. It is hardened and consolidated by the deposition of calcareous earths, and divided into two segments or valves. The animals composing this family are grouped into two classes, Pallio-branchiata or brachiopoda, and Lamelli-branchiata. In the Pallio-branchiata, the lobes of the mantle are simply vascular, and papillated upon the internal surface, without any development of branchial lamellæ; and they have two elongated and spiral organs situated near the mouth. In the Terebratula the ovarium is placed in the most protected part of the animal, immediately beneath its shell; but towards the breeding season it increases in size in the direction of the lobes of the mantle; and, finally, almost entirely conceals all the rest from view. These animals have never been examined alive, and with the aid of the microscope; it is, therefore, impossible to say whether both distinct sexes exist on different individuals; but, their analogy with higher Mollusca would lead to that supposition. Although so extremely abundant in a fossil state in our geological collections, sometimes almost forming whole strata, yet, at this present day, they are extremely rare, and are scarcely found in the seas of our latitudes. The engravings shewn the lecturer, which I have been enabled to give of the organisation of these creatures, were made from preserved specimens obtained by dredging the sea at enormous depths, and brought to this country by Mr. Cuming. From the circumstance of the Brachiopods being all attached to a fixed point, by means of a peduncle, it has been argued that coitus is impossible, and that, therefore, their generative organisation must be hermaphrodite. Such reasoning as this cannot be admitted at the present day, when we have brought before us the instance of dioecious plants, and among them the palms, possessed of distinct sexes, yet often separated to a considerable distance. In this case we see the winds and the insect tribe engaged in the office of conveying the fertilizing pollen to the stigmata of the females.

With regard to these marine Mollusca, we know that cilia are abundantly distributed over almost every part of their surface; by means of which currents of sea-water are conveyed into the shell, bearing on their streams the fertilizing atoms of the male secretion, which are thus brought into direct contact with the ova. In this manner, distance and impossibility of coitus can be no impediment to propagation.

In the common bivalve Lamelli-branchiata the ovary and testis are situated in the base of the foot of the animal. When the foot is wanting, as in the Oyster the organs of generation occupy an analogous position. In one genus only, viz., in the Cycles, a distinct ovary and testis have been seen occupying a place at each side of the animal. Siebold and Wagner have recently been engaged in establishing the presence of distinct generative organs in the different sexes of the fresh-water Muscle (Anodonta), though their distinct existence was pointed out and described upwards of one hundred and fifty years since by Leuwenhoek; in some he found ova, in others minute spermatic animalcules. The re-discovery of these spermatozoa in the male fluid of all animals is of comparatively recent date. There is a considerable difference of form between the male and female bivalves; so much so that conchologists, guided by external figure, have separated them from each other under the designation of distinct genera.

In the Anodonta, the ova are formed in a simple cæcal ovarium, from whence they pass along two canals by a circuitous route into the cavity of the external branchiæ, and some few into the internal branchiæ, where they undergo their development. De Blainville described the passage of the ova from the ovarium, with their escape from the shell, with so great an appearance of truth, that when Jacobson found small living beings moving about with great activity between the branchial lamellæ of the Anodonta, he was induced to consider them as parasitic animals, and gave them distinct names. These were, however, the young of the Anodonta.

Development.—In the progress of the ova from the ovarium, the germinal vesicle disappears, the albuminous matter of the chorion is greatly increased, and the vitellus breaks up into small masses, which assume a regular pentagonal form. In the next place, the yolk begins to revolve upon its own axis, increasing gradually in rapidity, and

then to perform elliptical gyrations within the circumumbient albumen. In about four or five weeks from this time, in May and June in the Unio, and in September in the Anodonta, two valves are discerned having dentated processes on that part of the shell which is opposite the hinge. At this period they are moving with great activity within the chorion, surrounded by the streams of fresh sea-water brought within the shell by the branchial cilia of the parent; and in this manner, by endosmosis through the chorion, the fluid in contact with embryo is efficiently aerated.

The form of the ovum in the Molluscous tribes is very various; in the Unio and Anodonta it is sphæical, in the Anomia elliptical, and in the Mytilus pointed. In the ovum of the Anodonta there is more fluid between the chorion and the vitellus than in other genera. In the embryo during its development, the internal surface of the mantle is marked by projecting papillæ; a condition which is permanent in the pallio-branchiata; but in the lamelli-branchiata, these papillæ become developed, during the progress of growth, into lips and lamelliform branchiæ. The foot at this period is long and filamentous, and probably serves the double office of an organ of touch and an organ of attachment.

The higher or Encephalous Mollusca, those possessed of a supra-œsophageal or cerebral ganglion, present many instances of an hermaphrodite organisation with complicated and singular combinations, in which no progressive gradation appears to obtain. Among the lowest instances of this group are those which are provided with wing-like locomotive organs, the Pteropoda, as the Clio borealis, the common food of the whale; the Hyalæa, the Cliodora, &c. In these may be observed a glandular organ, described by Cuvier as an ovary, but which is actually a testis, a vas deferens which passes by the side of the oviduct; two large accessory cæcal glands, and a distinct and large-sized penis which was overlooked by Cuvier, but has been since pointed out by Eschricht. Cuvier has mistaken in this instance the ovary for the testis, and *vice versâ*; but the examination of their contents by the aid of a microscope, distinctly proves the true nature of each. The pulmonary and terrestrial Gasteropoda, as the common snail, are hermaphrodite in their generative organisation, while the marine genera are dicecious. The slug presents us with the simplest condition of combined male and female organs. The testis is partially surrounded by the liver; the vas deferens joins the oviduct, and proceeds with it to the generative opening on the right side of the neck, the usual position among Gasteropods; connected with these ducts near their termination, is an accessory sacculus, the common generative sac, which terminates at the common opening. In the Helix pomatia is an ovarium with a long oviduct, which is complicated by numerous small cæcal appendages named the multifid vesicles, and representing the prostate gland. The male portion consists of a well-formed testis, a long vas deferens which accompanies the oviduct, and has communicating with it the prostatic sacculus of Cuvier, into which opens a long cæcal follicle terminated by a dilated appendix. In the common garden snail this cæcal follicle is large, and a very important organ, and communicates with the vas deferens. Near the generative opening is a muscular cavity, the preputial sheath, which contains a small calcareous spiculum sharpened very acutely at one extremity; this organ is used as a means of stimulation previously to the coitus; and with it the two concurrent animals transfix each other repeatedly, as an excitement to the copulative act; hence it has been named the spiculum amoris; it is not unfrequently broken in these exercises, and is then reproduced.

In the dicecious tribes there is a distinct testis near the caudal portion of the animal, a prostatic sac complicated by a cæcal pouch, and a long and spiral vas deferens, which passes along the middle of a large and remarkable intromittent organ to its extremity. In the female, there is a large ovary occupying the same position with the testis in the male, a plicated oviduct complicated with the multifid vesicles, and a large and muscular vulval cavity.

The ova in terrestrial and pulmonary Gasteropods are deposited, singly, in the earth, and are hatched by the warmth of the sun. In the marine genera they are expelled in assembled masses, and surrounded by a nidamental secretion produced by a distinct organ. In those Gasteropods, in which the young are developed in the terminal part of the oviduct, as the Paludina vivipara, there is no necessity for accessory glands and nidamental organs, and the generative organs are consequently extremely simple.

In the Patella and in the Chitons the generative organs are simple, and composed of little more than the essential parts. Though fixed permanently to the same spot, they possess distinct sexes on separate individuals.

SPIRIT OF THE MEDICAL PRESS.

CASE OF TEMPORARY AMAUROSIS OF ONE EYE, FOLLOWING THE EXTRACTION OF A TOOTH.

By JAMES HUNTER, M.D., F.R.S.E. (Read before the Medico Chirurgical Society of Edinburgh, April 7, 1841.)

In July, 1838, a lad, 17 years of age, applied to me at the Old Town Eye Dispensary, on account of a dimness of sight in the left eye, which had come on rather suddenly and under peculiar circumstances. He stated that the sight of both eyes had been very good till four days previously, when suffering from toothache, he went in the evening to a druggist to have a carious tooth extracted from the left side of the upper jaw. The operation was easily and dexterously performed, and the pain was not particularly excruciating. At the moment the tooth was loosened from the socket, he perceived a brilliant flash of fire before the left eye, which was followed for some minutes by several fainter ones at short intervals. On going to bed an hour or two after, the flashes of fire reappeared, and continued for about an hour, when they gradually ceased. Next day he found the sight of the left eye very much impaired, and all objects seen with it appeared enveloped in a thick mist. He also observed a sort of luminous coloured ring, whirling round as it were in the interior of the eye. This state of matters continued much the same for the next two days, and on the fourth day, when I first saw him, he thought there was a decided improvement in his sight, compared with the three preceding days. He had seen no flashes of fire since the first night. On examining the left eye, its pupil appeared a *very* little more contracted than that of the right eye, but its shape was perfectly regular, and the motions of the iris unimpaired. In every other respect, too, the organ presented a perfectly natural appearance. The general health of the lad, who was of a somewhat sanguineo-nervous temperament, was good. He had no pain in the eye or in the brow, and no symptoms of cerebral congestion, or of derangement of the digestive organs. When he closed the right eye, the sight of which was sufficiently acute, and looked with the left one at the page of a book printed in a type which I have since ascertained can be easily read by a good eye at a distance of 48 inches, I found he could not make it out at a greater distance than about 15 inches, and even then with difficulty, and at any nearer distance, though the letters appeared larger, they still seemed to run into each other. When I tried him with type about one-half the size of the first, he was unable to read a single word of it at any distance. To give some idea of the indistinctness of distant objects, I may mention, that, though he could distinguish the windows in the Signet Library opposite the Dispensary, at a distance (as I have since ascertained by a rough measurement) of about 70 yards, he could not see their frames, nor even make out the stone balustrade surmounting the cornice of the building, the latter of which objects could be seen by a good eye perhaps at 300 or 350 yards off. Neither convex nor concave spectacles improved his sight. His perception of colours appeared somewhat impaired, but I had not the means at hand of examining carefully the condition of the eye in this respect. The tooth which had been extracted was the first great molar on the left side of the upper jaw. On making firm pressure with the point of my finger in its socket, there was no unusual tenderness, nor any shooting nervous pain produced, and I could not discover any remaining portion of the tooth, nor any splintering of the alveolar process.

As the patient's general health was good, I resolved not to adopt any treatment for a few days, and that, if the blindness still continued, I would then endeavour to divide any partially lacerated nervous twigs, on the sympathetic irritation of which the amaurosis might depend. I therefore prescribed a weak astringent eye-water as a placebo, and desired him to return in two or three days. I saw nothing of him, however, for a week, when he told me his sight had become considerably better during the first two days after my seeing him, and that since then, it had been gradually improving, and was now nearly well, though there was still a very thin grey cloud before the eye. The luminous ring-shaped spectrum, formerly noticed, was now hardly perceptible, having gradually become fainter, and repeatedly changed its colour. Being much occupied at the moment, I had not time to examine the state of his sight very minutely, though, from the trial I made with a fragment of newspaper, printed in different types, he appeared to see well, as he could read very small italic type with perfect ease. At the end of another week he returned, and reported himself as quite well. On trying him very carefully with different objects, I found that he saw distant ones apparently quite as well with the one eye as with the other; but very minute near objects were a little less distinct when viewed with the left eye, and though with it he could read the very smallest *printed* letters, he could not make out the exquisitely minute *engraved* letters in the central compartment of a National Bank of Scotland note, but which he could do readily with the right eye. He promised to come back in a few days if he had any return of the blindness; but as I saw no more of him, I conclude his recovery was complete and permanent.

Though it cannot be proved, beyond all doubt, that the temporary loss of sight in the left eye in this case was the effect of the extraction of the tooth, it is highly probable that it really was so, when we consider, 1st, That the removal of the tooth was accompanied at the moment, and followed for some time after, with a state of high excitement of the retina, as evinced by the brilliant flashes of light seen by the patient; 2dly, That the eye affected was on the same side with the carious tooth; 3rdly, That the other eye continued in a state of perfect health, which is unusual in amaurotic affections depending on diseased states or actions of other important organs, or of the general system; and, 4thly, That all the other parts of the eye were healthy, that no other evident cause was in operation, and that the recovery was gradual but steady, though no particular treatment was had recourse to.

The exact nature of the physiological connexion between the facial and the optic nerve is involved in much obscurity. That it is intimate is certain, both from the sensation of light produced by mechanical or electric irritation of the branches of the former nerve, as when a blow is received on the face, or when the con-

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tiguous mucous surfaces of the mouth or gums are united in an electric circle, as well as from the fact that amaurosis is sometimes dependent on present irritation, or follows former injuries of the facial nervous filaments themselves, or of the parts in which they are imbedded. The amaurotic symptoms that occur after injuries of the fifth pair, often show themselves at such remote periods, are generally marked by such a total absence of any indications of nervous irritation or tenderness in the seat of the injury, and are so very rarely benefited by incisions made through the cicatrices of the original wound, that many have expressed great doubts if the loss of sight has any connexion with such causes; and even in cases where amaurosis has followed immediately after the injury of parts supplied by the fifth pair, some have been led to doubt if the blindness be really the effect of such injuries, and believe that in most, if not in all such cases there was some actual mechanical injury inflicted on the eye itself, simultaneous with the laceration of the tendrils of the facial, but which was not observed at the moment. Nor do the experiments of physiologists set the matter altogether at rest,—for whilst those of Vicq d'Azyr show that the laceration of the supra and infra orbital nerves in the lower animals is speedily followed by blindness, the experiments of Majendie tend rather to prove that, though the laceration of these nerves may cause the loss of sight, by impairing the nutrition of the eyeball and its appendages, their mechanical irritation does not appear to produce any *direct* amaurotic symptoms. And Dr. Mackenzie, of Glasgow, has remarked, that "the consideration of these facts naturally leads us to regard, with still greater doubt, the alleged occurrence of purely sympathetic amaurosis, from slight injuries of the fifth pair, and to suspect, that in all the supposed cases of this sort, there has been, in addition to the external injury, either concussion of the eyeball, or disease excited within the cranium." The case I have just related appears to me to furnish proof, that a degree of amaurosis may follow almost immediately after the injury of a minute tendril of the fifth pair, such as supplied the tooth or neighbouring gum, and where it is certain that no direct injury was done to the eye itself; and in this respect, I think the case an important one. There is much diversity of opinion as to the way in which injuries of parts supplied by the facial nerve cause amaurosis. The observations of Chopart, Boyer, and others, who have attended to the subject, prove that very slight wounds about the eyebrows are often followed by cerebral irritation, which, in its turn, may produce blindness. Other cases may, perhaps, resemble the one which occurred to Dr. Mackenzie, where an injury of the fifth pair produced dilatation of the pupil and indistinctness of vision, but without any real diminution of the sensibility of the retina, perfect sight being restored when the patient looked through a small hole. In the very rare cases where amaurosis has been instantly or very speedily cured by the removal of some active cause of facial nervous irritation, such as tumours on the eyelids, brow, or scalp, pus in the antrum, carious teeth, or foreign bodies lodged about the gums, all that can be said is, that the affection of the retina arose from sympathy, though the nature of such sympathy is involved in the greatest obscurity. When amaurosis follows facial or circum-orbital injuries after a very long interval, the rationale of its occurrence is still more obscure; and it is highly probable that, in very many such cases, the loss of sight is either an independent affection, quite unconnected with the injury, or that it had existed from the date of the injury, though perhaps in a less degree, and escaped notice (a not unfrequent occurrence) till, after a long interval, attention is directed to it, when, from other causes, it has become greatly aggravated. In the case which forms the subject of this paper, I think it highly probable that the diminished sensibility of the retina was a passive affection or reverse state of inactivity, consequent to the violent sympathetic light-giving vibrations excited in its substance at the moment of, and for some time after, the laceration of the twig of the fifth pair which supplied the tooth, and that the eye was in nearly the same condition as one which, having been exposed for awhile to the excitement of intense light from common sources, has been thereby rendered temporarily less sensible to its action. Perhaps this explanation will also serve for those cases of amaurosis occurring immediately or very soon after severe blows on the face or brow, accompanied at the moment with a great flash of light, but where, as far as can be ascertained, no direct injury had been done to the eye itself.

When the eye has been exposed to a very brilliant white light, such as the image of the sun reflected in a speculum, a peculiar spectrum is impressed on the retina, which, as the eye recovers its sensibility, undergoes a variety of changes of colour. These changes take place in a certain determinate order, and to use the words of Professor Müller, they may be regarded as the "expressions of the states which the retina passes through in its transition from the condition of dazzling to its natural state." According to the observations of this eminent physiologist, the spectrum, when the eye is kept open, appears successively of a black, blue, deep red, green, yellow, and white colour, as the effect produced by the excitement of the strong light gradually goes off. When the eye is kept closed, these changes take place in a reverse order. The time which elapses between these changes of colour is in proportion to the degree of insensibility that has been produced by the exposure to strong light, and may vary from a few minutes to several hours or days, according to the intensity of the light, and the length of time the eye has been exposed to it. In the case which has just been related, there was the distinct appearance of a luminous spectrum before the affected eye, and which underwent several changes of colour during the continuance of the amaurotic effects, becoming gradually fainter as they wore off. It has since occurred to me, that it would have been highly interesting to have ascertained the order in which these changes took place, and the difference, if any, in the appearance of the spectrum, according as the eye was kept open or closed. I find, however, unfortunately, that, in the notes I made of the case at the time, I have merely mentioned that the spectrum underwent several changes in its colour; and, as nearly as I can remember, I think that, when I first saw the patient, he said it appeared red. It would be of some importance, in any future case of a similar kind, to attend more particularly to this point, as its investigation would probably afford good evidence for or against the opinion I have advanced, that, in the present case, the temporary amaurosis was merely the reverse state of diminished sensibility of the retina, consequent to the violent light-giving vibrations excited in its fibres, at the moment, and for some time after, the extraction of the tooth.

CASE OF URINOUS VOMITING WHICH OCCURRED IN THE HOSPITAL PRACTICE OF DR. HENDERSON.

Reported by A. Halliday Douglas, M.D., Edin., Physician's Resident-Assistant in the Royal Infirmary of Edinburgh.

MARION PURDIE, aged 25, a house-servant, of ordinary appearance and dark complexion, was admitted on the 3rd of September, 1840. On admission she stated that for about six years her health had been indifferent—that she had suffered much from severe and continued pain of the loins, which she believed was caused by a strain. During the above period she on several occasions experienced great difficulty of micturition, and more than once entire retention of the urine, requiring the daily use of the catheter; in general, however, only a small quantity of dark-coloured urine was withdrawn, without relieving a sense of fulness of the hypogastric region. In the course of some of these attacks of retention, she experienced a good deal of sickness, and repeatedly vomited a yellow transparent fluid, having a taste very similar to that which her urine at present possesses. She also stated that she had been the subject of repeated attacks of amenorrhœa. The first attack continued for a year, and in its commencement was coincident with the first attack of urinary disorder; the latter, however, continued only for a few weeks—an attack of fever having supervened, on recovering from which the urine was evacuated with ease and in natural quantity. During one attack of amenorrhœa she was affected with excessive hematemesis, unattended by any local pain or tenderness.

She had felt rather better during the past summer. About ten days previous to admission, the pain of her loins became suddenly increased, and she suffered from severe headache, of which, however, she had been free for the three days immediately preceding her admission; and during this time she felt an unusual tendency to sleep. For two days previous to admission she had passed no urine. What had been last voided was small in quantity, of a dark colour, and micturition was attended by some scalding pain.

At the time of her admission the pain of her loins continued severe; there was tenderness on firm pressure between the last ribs and the crest of the ilium on both sides; pressure on the epigastrium, and those parts of the abdomen in front of the kidneys, also produced pain; there was no headache nor disorder of the chest; pulse 60, moderate; tongue white; bowels confined; catamenia regular.

Connected with the history of this woman's family I have been unable to learn anything likely to illustrate her case. Dr. Williamson of Leith, who has attended her in most of her illnesses, informs me that the symptoms by which she was affected, previous to her admission into this hospital, were so similar to those of continued fever, that he believed her to be affected by this disease, accompanied by some gastric pain, and no remarkable urinary symptom, unless a trifling scantiness of this excretion.

The day after admission she was cupped from the loins, and mild diuretics administered with little benefit. On the 7th September she passed 7 ozs. of urine of acid reaction, sp. gr. 1013, not affected by heat or nitric acid. On the 8th she complained of a sense of fulness of the hypogastric region, with great desire, but total inability, to make water. The catheter was introduced, and 10 ozs. of urine removed of sp. gr. 1020. She was again cupped from the loins.

Up to the 19th September, though various remedies were employed, her complaints underwent no improvement; the quantity of urine passed or removed by the catheter varying from 4 to 10 ozs. every second or third day. From the 19th to the 22nd she had passed no urine with the exception of 4 ozs. On the 23rd she had a fit, preceded by the globus hystericus. (She afterwards stated that this was the

first fit of the kind she had had.) Ordered to have half an ounce of the compound mixture of iron three times a day.

On the 14th September she passed 18 ozs. of urine, and vomited 8 ozs. of a fluid very similar to urine in appearance and odour. The matters vomited were received into a clear vessel, and instantly removed to a place of security.

My friend Dr. Philip Maclagan, now Staff-Assistant Surgeon at York, then proceeded to analyze the fluid, and found that after the addition of nitric acid and gradual evaporation, crystals were deposited; these were dissolved in a small quantity of tepid water, and after standing, most of the impurities having subsided, the clear liquor containing the nitrate of urea in solution was poured off and evaporated. The crystals thus obtained were pressed between the folds of bibulous paper, and afterwards dissolved in pure water; this solution was evaporated at a slow heat, when the crystals were again formed. I think it right to state, that I did not myself witness the act of vomiting, but I have no reason to doubt the testimony of the person who was present, and at my request took the precaution to receive the matters vomited into a clear vessel.

In the beginning of October she was attacked by typhus fever, probably from infection. The attack, though of short duration, was a smart one, and was accompanied with the usual eruption. On the second or third day of the fever, she had a fit similar to that formerly described, but less severe. The urine continued in its usual small quantity until the eighth day of the fever, when she was seized with vomiting, and soon afterwards she passed 16 ozs. of urine.

The matters vomited presenting a yellow frothy appearance, as if containing a considerable quantity of bile, were carefully preserved; and from them, with the assistance of my friend Dr. Philip Maclagan, I obtained, by the process formerly described, some crystals, undoubtedly consisting of the nitrate of urea.

Her convalescence was steady, but not rapid. Subsequent to this attack of fever, the quantity of urine varied from 16 to 45 ozs. daily. She had only two slight fits, and no recurrence of the vomiting. The catamenia were regular.

Considering the cases of this kind which have been already published, I would not have brought forward the present one were it not that I have been enabled to avoid those sources of fallacy to which cases formerly published were exposed. The subjects of this disorder, mostly hysterical women, have been known in some cases to mingle urine with the matters vomited; in others, to swallow urine, and then excite vomiting. Besides, I do not know of any case in which the matters vomited were analyzed, their identity with urine being presumed merely upon the similarity of appearance and odour.

In the present case vomiting occurred when the patient was in that condition, so common in the advanced stage of fever, in which she was unable to turn herself in bed; so that the possibility of her having deceived us is put out of the question; and again, the analysis of the matters vomited places beyond a doubt the existence of urea in them.—*Edin. Jour. of Med. Science.*

The *Gazzetta Piedmontese* of the 14th inst. promulgates a decree of the general congregation of the Roman and Universal Inquisition, sanctioned by the Pope on the 21st of April last, declaring the use of magnetism unlawful. *Usum magnetismi, prout exponitur non licere.*

BETHLEM HOSPITAL.

Reports of the Two Physicians, presented to the Quarterly Court of Governors, January 25th, 1841, and published by their order.

To the President, Treasurer, and Governors of the Royal Hospitals of Bridewell and Bethlem.

Gentlemen,—In conformity to annual practice, I beg leave to submit to you a few observations, in the form of a report, inclosing a tabular display of the various results of the last year, as far as regards Bethlem Hospital, and which I trust will be found very satisfactory on a careful examination of the particulars.

And I would, in the first place, observe, that the number of patients remaining in the hospital, on the last day of the last year, exceeds those on the 31st December, 1839, by twenty-five; which shows at once the extension of benefit derived from the new additions lately made; and, indeed, at some periods during the last year a larger increase of numbers than this were resident within the hospital.

In the second place, the admissions during the last year have exceeded those of the preceding by at least fifty patients; which is also a strong confirmation of extended usefulness, and shows that the patronage enjoyed by the hospital is on the increase.

Thirdly, the cures effected have been, by the blessing of God, in the proportion of one hundred and eighty during the last year to one hundred and forty-two in 1839; a very considerable augmentation, and unquestionably more than can be attributed to the increase of admissions, which has already been shown to consist of fifty additional cases under treatment.

Fourthly, the number of deaths occurring during the two respective years under consideration, is very nearly the same, being on the present occasion twenty-three, and twenty-two at our last report.

And those, in the last place, who have been discharged uncured during the year, exclusive of such as had become unfit objects from paralysis, or other incapacitating circumstances, amount to sixty-nine, being fourteen more than those who were similarly situated in 1839; an addition reasonably to be expected, inasmuch as the increase is scarcely more than *one quarter* of the additional cases under treatment during the last year.

Upon the whole, according to the view I have here taken, it is manifest that our career has been successful in every particular; and when it is considered that such has been the result during a year of much interruption and confusion, our satisfaction should be the greater. I refer especially to the very considerable repairs which have rendered classification difficult during their operation, and which are now happily very nearly, if not entirely, completed; and to the many discussions of collateral subjects which have consumed a good deal of our time and attention, but which, I trust, are now brought to a reasonable and favourable termination. I cannot close without congratulating the governors on their happy selection of a matron, whose attentions are indefatigably directed to the comfort and welfare of the patients; and I should be wanting in discernment and attention if I did not also bear testimony to the zeal and assiduity of my brother officers during a year of no ordinary difficulty. I have, &c.

EDWARD THOMAS MONRO, M.D.

67, Harley-street, Cavendish-square, January 21, 1841.

Gentlemen,—I have the honour to lay before you the annual report of the state of the medical department of Bethlem Hospital for the year 1840, from which it appears that the number of admissions exceeds that in the preceding year in the proportion of three hundred and fifty to three hundred, and the number of deaths in that of twenty-three to twenty-two, being less in proportion to the number admitted than in 1839; whilst the number of cures, one hundred and eighty, is considerably greater than that in 1839, having been one hundred and forty-two in that year.

In pursuance of the plan adopted by me four years ago, I lay before you a statement of the cases consigned to my care in the curable department, with the treatment in each of those which was discharged cured. And I also subjoin a summary of the results of five years from the commencement of my attendance at the hospital.

The employment of the patients, and the restraint imposed upon them, have always been, and continue to be, subjects of the most earnest solicitude of your medical officers. In my first report to you in January, 1836, I mentioned that during the preceding year, 1835, out of five hundred and seventeen patients, one hundred and eighty-six female patients and one hundred and twenty-five male patients had been induced to employ themselves in various useful occupations; and since that time there has been no diminution in the zealous efforts of your officers to increase the proportion, in which they are cordially assisted by the matron and steward. In an establishment such as Bethlem Hospital, there are difficulties in the way of employing the patients which do not exist in many others, in which much more latitude in the use of instruments of labour is compatible with the safety of the patients. How far the expedient adopted in the Bicêtre, an hospital for male lunatics near Paris, in some respects similar to Bethlem, may be resorted to with advantage, I beg leave respectfully to submit to your consideration. A small farm, named Ferme St. Anne, about two miles from the hospital, has been hired, upon which upwards of sixty of the patients, under the charge of three attendants, are daily employed; and in the report published at Evreux in 1839, by commissioners sent by the department of the Eure to obtain the best information respecting the management of the insane in Great Britain and in France, this expedient is stated to have answered the most sanguine expectations.

In Bethlem, the quantity of restraint imposed upon the patients in a state dangerous to themselves or to others is very limited, as will appear in the weekly returns laid before you now in a very much improved form; but, however anxious your officers may be to avoid imposing it at all, the experience of many years forbids me entertaining a hope expressed by some that restraint may in *all* cases be avoided, without resorting to measures of a more injurious description; this subject, however, has been fully entered into the report delivered to you in June last.

From the table presented to the court, it appears that of five hundred and sixty-two cases of insanity under my care, three hundred and ninety-three, or very nearly *seventy per cent.*, have been discharged well.

That the largest proportion has been of those labouring under the variety termed mania, which also has been the most prevalent form of the disorder.

That in thirteen per cent., or nearly one in eight cases, propensity to suicide has existed.

That the earlier the patient has been removed from exciting causes and placed under treatment, the sooner and the more frequently has a cure taken place; in the first six months more than double the number have been cured than afterwards.

That the disease prevails most between the ages of twenty and forty; that more females suffer than males, and more married persons than single; but that a larger proportion recover of the former than of the latter.

That more are attacked in spring and summer than in autumn and winter, and that more recover in summer and autumn than in winter and spring.

That relapses have occurred in about twelve per cent., of whom more than one-half have recovered and remain well.

That in about one-fourth of the cases no cause could be assigned, of the remaining three-fourths hereditary predisposition, previous attacks of insanity, drunkenness, and childbearing; grief, anxiety, vexation, disappointment, and fear, have been the most prevalent causes assigned. I have, &c.

ALEXANDER MORISON.

26, Cavendish-square, Jan. 21, 1841.

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TO CORRESPONDENTS.

To various Correspondents.—*We have been informed, that the next part of Dr. Copland's work will be published in October next.*

Mr. Gossett.—*Medical advice is never given to correspondents in the 'Medical Times;' a private note is left at the Office in answer to other questions. A list of all the Members of the College can be purchased for a shilling.*

Medical Associations.—*The Medical Association in Gloucestershire has Mr. Rumsey of Worcester at the head of it. Its objects are Medical Reform, and keeping up the respectability of the profession.*

Apprenticeship.—*In a recent number of the 'Medical Times' the signature of Argus appeared as a heading by the Editor, and also as a subscribed* nom de guerre *by a correspondent. A controversial letter has appeared in reply to Argus the Second, in favour of apprenticeship, for which we are not accountable. For our part, we agree with the controversialist who is against it. Apprenticeship has long since been written down and exploded. The Apothecaries' Company did not voluntarily prolong it. We rallied Mr. Wheeler on this score in* 1838, *at the table of T. Davies, M.D., of the London Hospital and Pulmonary Infirmary, the first of London Stethoscopists. But Mr. Wheeler, who is a Member of the Courts of Assistants and Examiners, ascribed the clause to an earwig apothecary, who attended Dr. Howley, the Archbishop of Canterbury, and poured a leperous distillment in his ear in favour of this stale and unprofitable waste of time. Our most holy Father suffered his favourite apothecary to doff his mitre and put on the cap of bells, by means of that clinical influence which some one medical attendant exercises, as Mr. Warburton says, in the form of confessors or counsellors over the medical judgment of all lords and ladies. This revelation caused the Archbishop to move the re-insertion of the obnoxious clause. It was full time to put a stop to apprenticeship, when general practitioners in the country were articling their stable-boys and shoe-blacks to themselves, in return for not being able to pay their wages, and sending up ignoramuses, whom, Sir Astley Cooper told Mr. Averill, in* 1829, *they had to teach everything in two half-years, and half of whom could learn nothing either from ignorance or incapacity.*—[See 3rd Report of Medical Evidence of Select Committee, 1834.]

We have received two intimations from the younger class of our readers, one from Babylon *the* Great, *the other from* Auld Reekie, *that they wish for a greater infusion of humorous and amusing subjects in the 'Medical Times,' as preferable to the leading topics of reform and quackery, which they admit are well written but create no merriment. At their time of life, the maxim of Virgil "Posthabui mea seria ludo," and Horace's "Dulce est desipere in loco," are very natural; but it is not for us, like the foolish cockles in the Greek fable, to "sing while our houses are burning." We have already devoted a space in our columns to the drolleries of Huggles and Okes, &c., from a correspondent of originality and humour; but Madame de Stael quotes Wieland of Germany, who was the first journalist on the continent, to prove how much variety is required by readers of different tastes in a periodical, therefore, ne quid nimis! We have deversified our columns as much as possible, but until the question of medical reform is disposed of, which now presses fast at our heels, we must make all the ground that we can. We are compelled to keep pace with its progress, and devote more space to it than any other topic at* present. *Since it involves the interests, feelings, and hopes of* 20,000 *Reformers in the United Kingdoms who expect us to do our duty, we must see out the Reform Bill and please all parties. The feelings of students in the gay morning of life are very different from those of men in private practice and conflict with the world, before competition, slow rising, and the more general difficulty and adversity of professional life have saddened their fine animal spirits, changed their gladdened notes, and darkened their light brows. We hope the time may come, when we shall have helped to make their speculations in the serious business of life more certain and profitable to them, and, having decided the fate of Cato and of Rome, enjoy the laugh along with them. We hope they take some prospective interest in the new legislative measures of finality, and being accomplished, we shall further diversify our subjects, and mingle hilarity with instruction.*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE AND SURGERY.

NO. X.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

We shall conclude with the next and last general articles upon medical and surgical colleges and corporations, and now recapitulate a few principal heads. The colleges have stood over the profession like a huge Colossus for little men to crawl under, and find themselves dishonourable graves. All this has endured for 319 years, and has at last contributed to bring the profession to the verge of ruin and public contempt, by the anomalies they have permitted. Their arbitrary power has been submitted to unfortunately, because men have neither the inclination nor energy always to do, in their public matters, what they perform in their private business, that is, manage their own affairs themselves, and not leave other people to take them out of their hands, and conduct them for them. We know that the dictation of opinion and example is always fallacious, and not to be listened to nor followed; we know that our own observation, judgment, and experience, are alone to be trusted to; *that* is a blind, *this* is a safe guide. Nothing can have worked worse, on the whole, than the system of close corporations, and nothing better than the new systems of which France and Scotland, in the College of Physicians, Edinburgh, and other countries, have adopted in lieu of them. Of all systems they are the best suited to excite jealousy and discord in a body of men, to gratify the vanity of nominal, unsubstantial distinctions, and sacrifice true medical polity. Indeed, Sir H. Halford himself admitted, in his evidence before the Select Committee on Medical Education, 1834, Vol. I., that these distinctions, when recognised by law, owe their importance, according to the very confessions of those who possess them, to the notice which they attract, and the influence which they possess, over the worldly vain and frivolous. When possessed by men of mediocrity and inferiority of talent beyond mere education and knowledge of first principles, they engender those narrow-minded ideas, that false variety of gauds and badges, which men, like peacocks, exhibit in their strut and tails, who have nothing else to boast of.

Professor Grant has observed pertinently of our medical and surgical corporations, that "all adventitious privileges calculated to benefit only a few individuals, who may be protected by such privileges, are exercised to excite petty jealousies among teachers, by establishing inequalities of rank, and to rouse the odium of the profession by a monopoly of privilege, and an assumed superiority and to deceive the public by a false show of stability." Dr. Bostock says professional titles are a sort of warranty for the proper instruction of the individuals, and Sir Henry Halford claims no more for the Fellows of the London College. They are well educated, and "that's all!"

Have the public no interest in this matter? The author of the article on medical reform in the 'Quarterly Review,' supposed to be Sir Benjamin Brodie, has remarked that "the interests of corporations are not always identical with those of the public;" and Professor Macartney has observed justly, that the interests of the public are to be regarded as well as those of close bodies, on the incontrovertible argument, that the interests of the MANY be greater than those of the FEW.

Our sentiments, then, are conservative towards the colleges and corporations, "*cum grano salis.*" We concede not to violence and subversion, except as the very last and reluctant alternative, after all attempts to conciliate the corporations to adopt all reasonable, liberal, and satisfactory modifications, have been made in vain.

But should we be asked, "ought we to submit to them now, as they are at present constituted?" We exclaim, "Certainly not!! We must submit no longer to ambitious, self-interested, and designing monopolists of honours, and dignities in close forms! Shall we suffer these few monopolists to govern the whole medical community, without any responsibility but to themselves? When we feel that all civil government should be derived from the MANY, to be exercised for the good of the WHOLE, shall we gratify egregious vanity, egotism, selfishness, and self-approbation? Shall we again shut up the wolf in the fold? Shall we forget the trite but apt maxim, "Timeo danaos dona ferentes!" and, like the credulous Trojans, open a second time the gates and draw the Greek horse into Tory, after they have feigned an abandonment of aggression? No! let us not be too secure and confiding. Shall we be again cajoled by sophistries, persuasions, and professions of moderation and fair-dealing to surrender our most precious interests? Shall we learn nothing from the sad history and experience of 319 years, and have to thank ourselves for intrusting them again with absolute power, and so reap over again the certain results of our folly and vacillation in so doing? Shall we not show, in all our future sketches of corporations, that men implicitly relied upon, without check or control, have ever been selfish and ambitious—actuated by the lust of exclusive power, mostly without any overwhelming merit peculiar to themselves to redeem their conduct? Is it to be supposed in a moment, that the corporations are to be suffered to wield their leaden sceptres over us? is it to be supposed that if we give them an inch they will not take an ell? Are we to submit to a government of Sir Oracles and Petits

Maitres in black coats and trowsers, who will govern us again as they have governed us before?

For the last time, in solemn, emphatic, and sincere language, we conjure the body of British Medical Reformers, upon no consideration whatsoever to pass any longer under the yoke and levelling treatment of the medical and surgical corporations as at present constituted. Let us act with them only under the final understanding that their SELF-REFORMATION and RE-MODIFICATION shall be so newly shaped and fashioned, as to suit the existing circumstances, and to admit of the profession exercising a sufficient control over the corporations, by giving to the profession an adequate share in power over them through the representative system.

Shall the reformed, the renovated, and regenerated profession, thereafter, be flung down again, bound, and prostrate at the pedestal of the self-constituted, self-reformed bodies, should they be *altered* only, and not *improved?* Would it be consistent with the principles of our reformed constitution of 1832, with the municipal reform of 1833? Is it consistent with the enlightened spirit of the age, the progress of light and liberality, and the progressive amendment of human institutions? Shall we repair old walls of the BATS, to preserve the ancient solitary reign of chaos, dulness, and the night? No! rather than like foxes returning to their vomits, ought we not to legislate for ourselves as a national faculty and incorporation on a representative basis? Oh! but then there will be "nothing but excitement, agitation, turbulence!" God save the mark! cannot we be confided in? Are we *all* anarchists? Are we *all* to be supposed capable of nothing but faction, uproar, and sedition? When and where has this spirit ever been manifested among men of education and sound knowledge and reflection? Is a body of liberally educated men always conventionally called a republic or democracy of Science and Letters, and, in common parlance, liable to be surveyed and directed like St. Domingo slaves—intoxicated with sudden liberty as if with brandy? Are we to be compared to a mob? Representation, on the contrary, is the safety valve of mental expansion and irritation; despotism is the high compression that causes both to explode with violence. Dr. Cowan and the Midland Worcester Association, as alarmists, may be of a different opinion, and call out that the free election of the governing heads by the many, would cause contention, excitement, and various other evils; but experience generally proves the very reverse.

CLINICAL PROFESSOR AND PHYSICIAN AT UNIVERSITY COLLEGE HOSPITAL.—On Saturday, May 22nd, Dr. Taylor was appointed to the recently-instituted Chair of Clinical Medicine in University College, and to the office of Physician to the Hospital, vacant by the resignation of Dr. Carswell. Dr. Taylor is the first student of University College who has been appointed to a professorship in that institution.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, June 15, 1841.

Dr. WEBSTER in the chair.

THE minutes of the last meeting were read and confirmed.

A letter from Dr. Bedingfield, of Stowmarket, was laid on the table.

The report of "the Council of the North of England Medical Association" was laid on the table.

The following report of the deputation to Benjamin Hawes, Esq., M.P., was then read:—

"In pursuance of a resolution passed at the last meeting of the British Medical Association, R. Davidson, Esq., V.P., and C. H. Rogers Harrison, Esq., hon. secretary, waited, on Saturday, the 22nd ult., by appointment, on Benjamin Hawes, Esq., M.P., and report that the hon. gentleman at once conceded to the request of the deputation to withdraw his Bill from before Parliament, and for that purpose would take the first opportunity of stating this in the House. The hon. gentleman thought the above course politic, inasmuch as the state of parties was now so conflicting, that should the measure be pressed, it might be at once, and perhaps for a long time, irrevocably injured. The hon. gentleman, moreover, gave the deputation to understand, that he would not bring forward any Bill for Medical Reform; but throwing aside his own particular feelings, would, if in his power, support any measure for improvement in the medical profession which might be intrusted to him by the British Medical Association.

(Signed) "ROBERT DAVIDSON, V.P.
"C. H. ROGERS HARRISON,
Hon. Secretary."

On the motion of William Farr, Esq., seconded by R. L. Hooper, Esq., it was unanimously resolved, "That the above report be received and adopted."

On the motion of William Farr, Esq., seconded by E. Crisp, Esq., it was unanimously resolved, "That as a general election is announced, it is highly important to press on the profession and upon candidates the following resolution, unanimously agreed to at the general meeting of this Association on the 30th of March last, viz., 'That the members pledge themselves, and recommend to their professional brethren and to their friends, not to vote for any candidate at the ensuing election who will not support an efficient measure of Medical Reform.'"

On the motion of R. L. Hooper, Esq., seconded by R. Davidson, Esq., it was unanimously resolved, "That deputations be found to wait on the various candidates for the City and Metropolitan Boroughs, to confer with them on the subject of Medical Reform, and to inform them of the foregoing resolution."

On the motion of Dr. M. Hall, seconded by Dr. R. D. Thomson, it was unanimously resolved, "That similar proceedings be recommended to the different associations in the provinces, and to professional men in the various counties, cities, and boroughs in the United Kingdom."

Resolved, "That the following deputations, with power to add to their number, be appointed to wait on the various candidates for the localities mentioned:—

Westminster—Mr. Davidson.
Marylebone—Mr. Simpson and Mr. Harrison.
Finsbury—Dr. Thomson and Mr. Farr.
City—Dr. Lynch and Messrs. Reads.
Southwark—Mr. Hooper, Mr. Evans, Mr. Howell, and Mr. Brady.
Lambeth—Mr. Crisp and Mr. I'on.
Tower Hamlets—Mr. Wallace and Mr. Bain.
Middlesex—Mr. Evans, &c.
Surrey—Dr. Webster, &c."

The meeting then adjourned.

MEDICAL CONFERENCE.

Exeter Hall, June 15.

Dr. GRANVILLE in the chair—Delegate from the Taunton Association.
Professor Sharpey—West of Scotland.
Dr. Marshall Hall—Nottingham.
Mr. Farr—Glasgow.
Dr. Webster, Mr. Davidson, and Dr. R. D. Thomson, secretary—British Medical.

Mr. Davidson stated the particulars of an interview with which a deputation from the British Medical Association had been favoured by Mr. Hawes; from which it appeared that the hon. member for Lambeth had withdrawn his Bill from Parliament at the request of the Association, and had expressed his willingness to continue his exertions in favour of the cause of Medical Reform in whatever way the profession should consider his services might benefit them.

The Secretary stated that it was in consequence of this circumstance that the present meeting had been called; and the subject for consideration by the delegates now was, the measures to be adopted for the furtherance of the cause of Medical Reform. He had written to the various delegates, and had obtained replies from all those who were non-resident in town. The first of these was from Mr. Rumsey, delegate from the Gloucestershire Medical Association, approving of a representative form of government for the profession, and suggesting several ameliorations of its present anomalous condition; at the same time tendering his resignation, in consequence of his inability to attend the meetings of the Conference.

The second communication was from Mr. Carter, of Newcastle, containing a brief summary of the proceedings of the North of England Association, and of the untiring and persevering exertions of that excellent association in the cause of reform.

It was then resolved, "That in consequence of Mr. Hawes having withdrawn his Bill, and the approach of a general election, it is expedient that an address should emanate from the conferences, calling upon their medical brethren to unite in electing those members as representatives in Parliament, who will give their consideration and support to Medical Reform."

The following address, it was then agreed, should be adopted, and rendered as public as possible, by insertion not only in the medical periodicals, but also in the daily and provincial papers. In the latter object it is hoped that the intentions of the Conference may be facilitated, by the influence which individuals of the profession, and especially the secretaries and members of councils of the Medical Associations, may possess with the provincial press:—

ADDRESS TO THE MEDICAL PROFESSION OF GREAT BRITAIN AND IRELAND.

The metropolitan and provincial delegates, in medical conference assembled, to their brethren in the profession, and especially to their fellow-members of the several medical associations.

Gentlemen,—The time is at length arrived when, by a proper, judicious, and efficient exercise of their electoral privileges during the approaching struggle of parties, consequent on the dissolution of Parliament, the members of the medical profession may secure to themselves a just and legitimate influence in the great council of the nation, so as to attain the important object of *Medical Reform*, for which the

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different Medical Associations have been steadily and strenuously contending for several years.

The difficulties hitherto encountered in the accomplishment of that object have not so much depended on the opposition of interested parties, or the stand made against it by the corporate bodies, who strive to defend their respective monopolies, as upon the entire ignorance of the members of the Legislature on the subject of medical politics, and the existence of the many extraordinary anomalies, incongruities, and abuses which mark the present state of medical legislation in this country. Could but those who are called to sit in Parliament be enlightened on such subjects, the members of the medical profession, like those of every other influential body in the community, would soon find themselves respected by the Legislature, their rights to the support of Government acknowledged, and their dearest interests secured from farther inroad and usurpation.

Hitherto hardly a medical question has been proposed in Parliament, which has not been treated with indifference or neglect; hardly a medical interest of any public nature submitted to the House, which has not found a ready extinction at the hands of those who either through interest, misrepresentation, or from sheer personal ignorance of the matter under consideration, were induced to disregard the rights of the many for the claims of the few. This state of things must not endure; nor would it have existed so long, had the members of the Legislature been versed in medical politics. Let them but become enlightened in that respect, and the members of the medical profession may well leave to their shifts those who oppose medical reform, or aim at defeating it by the semblance of partial and paltry concessions.

The delegates to the Medical Conference assembled in London, who have been charged with the great trust of watching over the interests of the profession at large, deeply impressed with the force of these truths, and seeing in the approaching general election the very best and most effectual means of putting an end to the state of things to which they have alluded, and which they so much deprecate, call upon their medical brethren throughout the realm (for they have but one cause in England, Scotland, and Ireland), to attend, as they love their dearest interest, to the important resolution passed at the last half-yearly general meeting of the British Medical Association, by which it is declared that it is the duty of every member of those associations, as well as of the profession generally, of every rank or degree, to exert himself first in enlightening every candidate for a seat in Parliament, touching the necessities of the medical profession, and the want of a thorough reform of medical abuses; and, secondly, in exerting their interest, professional or otherwise, as well as by vote, so as to secure the return of such candidates only as shall promise to give consideration and support, in an earnest and efficient manner, to any Act of full and general medical reform which may be prepared and introduced into Parliament, with the sanction of the medical delegates from the metropolis and the provinces.

Without such exertion the reformers will have again to struggle in vain before a new Parliament for the attainment of their just wishes. *Now* or *never* must be their motto throughout the land. No body of men exercise a greater or more legitimate influence over the minds of those who stand in need of their aid than medical men; in the country their influence is unbounded. Let it, then, be exercised in the good cause; for the sake of the public, whose interest is the interest of the profession, cast aside, brethren, for the moment, and for this once, all party bias, all political propensity, and at the approaching election keep only this one consideration steadily in view—that none shall be invested by your help with the high and enviable privilege of enacting laws for Great Britain, but such as shall promise to embrace, among the many other important and mighty interests of the community, that of medical reform also, and apply his mind and energies to the best mode of conferring that one great boon on the medical profession, for which our labours began, and having which, our labours will end.

(Signed)

A. B. Granville, M.D., F.R.S.—Delegate from the Taunton Association, and Chairman.

W. Sharpey, M.D., F.R.S.—West of Scotland Association.

Marshall Hall, M.D., F.R.S.—Nottingham Association.

W. Farr,—Glasgow Association.

G. Webster, M.D., R. Davidson, and R. D. Thomson, M.D., Secretary to the Conference—British Medical Association.

OUR LETTER-BOX.—No. II.

RUIN OF THE PROFESSION BY OVER-COMPETITION AND DIMINISHING RESOURCES.

"Chained in caves
Distinct, apart, the giant Furies roar;
Apart, or such their horrid rage for war,
War, Famine, Pestilence, are found too weak
To scourge the land for her enormous crimes;
They are let loose, alternate."
Young.

SINCE we have assumed the editorial "WE," some of our old friends in the profession have favoured us with their observations on the state of it, in their "locis standi." The gentleman, whose observations we are about to present, commenced as a general practiser, about 18 years ago, in a market-town in an agricultural district, which was interspersed with many rich private families. His capital was trifling, but his connexions were highly respectable. He was connected, by descent, with houses even of titled rank, and other eminent persons in the church, some of whom promoted his views so far as laid in their power. But he succeeded chiefly by his great industry, labour, and perseverance, continued for more than 12 years in realizing a sufficient fortune to retire into repose, but not without having been on horseback for 40 miles a day, for many years; by which he injured his health materially, particularly the functions of the spine, colon, and stomach, not unusually affected in hard-workers in practice. Well-bottomed in a sound, practical, and operative knowledge of his art, he exercised it with an acute sagacity, which is a capital faculty in medicine, both in knowledge of disease, knowledge of the world, and proper treatment. His mind is not chained down to the prescriptive rules, narrow dogmas, and illiteral prejudices of the systematic routinists, but he has taken an open and liberal view of improving innovators, and adopted an ingenious trial of their opinions and expedients in his practice, and has reserved such new views and methods as experience sanctions. After studying internal pathology at a great school, he has retired, and, in the enjoyment of the OTIUM CUM DIGNITATE, materially chequered with bad health, he has favoured us with the following remarks on the precarious state of competition at home, which coming from a quarter so unexceptionable, deserves attention.

He commences his first letter by observing, "Men who dispense their own medicines, are the only men who will succeed in country practice in the present state of the profession. The Dispensary at C . . . . . is to be remodelled and new officers elected." [This was caused at last and chiefly, not before it was greatly wanted, by the agitation of that "demon D——." The old junta of its annual and medical committees, was a set of insidious and domineering "intriguants," who endeavoured for years to oppress, exclude, and libel, among the governors and subscribers, every new competitor of talent who came to the Spas, violated the original constitution of the institution, adopted nomination and close election, in place of free and open election, as conformable to the original rules, and permitted shameful abuses, like all these hole-and-corner bands.—ED.] He goes on to say, "I understand there are six practisers at L . . . . . This will never do. 6th *February*, 1839. [This prediction was confirmed; the new comers of the last 10 years, now always fail in the country. Any excess above the competition of the old and established practisers, is a superfluity that *is* sure to bolt in three years. The sixth accordingly bolted in 1840. Take the population as new, divide by the number of old and stationary practisers, who themselves saturate all demands, and their new competitors, strike off the last excess as bolters *in futuro*, and you will find the rule work as true as the light.—ED.]

In the next epistle he observes: "Your opinion of the profession is the same as mine. If such things were in *times past*, when things were *better*, (True!) what must we expect now in these HARD TIMES! New Zealand *is* a good colony for the superfluous. I saw a letter to Captain P——, from a friend of his, who is settled there, giving a good account; but those who go out, must perform at first *manual* labour. If young men continue to flock into an overstocked profession at home, and enter into it as they have done, none but tradesmen's sons and farmer's boys will be brought up to it."

[This demonstrates of the advance of education by the College and Hall, to preserve the last wreck of the respectability of the profession.—ED.]

"This class of persons may live in it, for having no ideas beyond those of their fathers as tradesmen and farmers, they can marry women who will be always in the kitchen, and their establishments being in unison with their feelings, such men as these may contrive to eke out an existence for themselves and families; but for a gentleman to do so, and marry without a good private fortune, and support a family and keep up his station, *I maintain it is impossible!* You will be surprised to hear that Dr. ——, of ——, is made a bankrupt; his house and furniture are for sale! This information I had from a son of the late Dr. W . . . . ., M.D., at a clergyman's, who married Lady ——'s daughter. This does not surprise me, and we shall hear of more medical failures. I am not astonished to hear that W . . . . . has spent £7,000 out of £11,000 *re infecta*, in trying to establish himself, and not even yet succeeded at all to his own satisfaction. But it would have been better for him if he had not attempted the risk and expense of a speculation in the private practice of the medical profession, but had kept his money and lived on the interest. Old M . . . . . and C . . . ., at C——, lived down in the kitchen and dined on half a pound of fat beefsteak and mutton-chop puddings for years before they got a start, so old M . . . . . told me. H . . . . . is quite full enough of Doctors without Dr. . . . . ; Dr. . . . . has been pulled about sadly by his creditors I have heard. If he lives, he will come to ——. Dr. W . . . . . left it as poor as a church mouse. Dr. . . . . will do right to get into the law if he can. The working out of my salvation in the profession was what destroy-

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on my health, which is still the same, and always will be the same to the end of the chapter. You will be surprised to hear that I have had a visit from Dr. ——; he slept here two nights. I wish I could say that I thought him *secure* in his position, but you know too well the *fluctuations* of medical practice to expect it. Whoever lives long enough to see it, will see the L . . . . . Men in general practice, *when they are surrounded with families of children*, come to the dogs. Several who tried the *marrying system* before I began there, came to the parish and their families after them. I assisted one by the name of H. . . . , who had not bread in the house. B . . . 's son fills menial offices, and T. . . . 's the same, but not in the neighbourhood. Durwell's life is another case of a physician killed by pecuniary difficulties, written by Conolly, of the Hanwell Asylum, in the 'Provincial Transactions;' and if you will tell some one to call for it, I will forward it to you, or if you could come over, you could make what use you like of it. F. . . . . is gone into partnership with M . . . . of ——; they both tell me they make a living. The former lets part of his house to lodgers, and by this means stand rent, rates, and tax free. I think he will in this way always continue to get a living. J . . . . has had a great influx of practice on the —— side, since I left the neighbourhood. The gentry have not much faith in the young hands."—*Dated, December 2nd*, 1840.

Here, "old . . . . , M.D., a patient of mine, and a lady, tells me, does not do nearly as much as he used, and is going away for some months *on the score of health*. Also . . . . . , M.D., is gone to live on the Continent. The fashionables use mostly new hands at the present time, but "the latter-day saints" carry the day, and will do, as long as old . . . . 's reign lasts. . . . . continues to humbug the folk by his fancies, and he has many converts."—*Dated, May*, 1841.

"Mr. ——, whom I knew at ——, a general practitioner at ——, is retired from practice to ——. He has enough to keep himself, *having lived a bachelor*. He will take any practice that falls in his way, but he has no name on his door, and means to take it quietly, and I have no doubt he will push a little and close practice. I care only for men of his stamp getting on through the profession, not being overdone in his first days. Indeed he admitted as much; but formerly none of the villages had medical men in them, but they now abound in every village, and even C—— and P—— and other places, which formerly had none, now boasts of general practitioners and chemists. As to the druggists and chemist, I agree with you, they are a serious injury to the regular practitioners, and do a great deal of business everywhere, and ruin medicine—[rest illegible.—ED.]—they are emboldened in their career."—*Dated, 20th May*, 1841.

[This striking, and too true picture of the present precarious and fluctuating state of the profession in the provincial practice of one or two counties and a large watering-place, points out the fatal evils of OVERWHELMING COMPETITION; but for want of space, we must defer comment in all its points, until the whole subject of OVER-COMPETITION is discussed in all its CAUSES and EFFECTS in a leading article of a comprehensive nature.—ED.]

LUNATICS.

An ACCOUNT of all Monies received for Licenses by the Clerk and Treasurer of the Metropolitan Commissioners in Lunacy, and of all Monies Received and Paid out of the Consolidated Fund to the said Clerk, from the 1st August, 1839, to 1st August, 1840, specifying the several Heads of Expenditure, as required by the Act 2 and 3 Will. IV., c. 107.

To Cash received by order from the Treasury	£1936	6	0
To Cash received for Licenses	894	15	0
Balance due to Commission on this Year's Account	449	5	0
	£3280	6	0
By Balance due to Commission, 2nd July, as per Account rendered to the Lords of the Treasury	£595	4	0
By Clerk and Treasurer, one Year's Salary	400	0	0
By Rent of Office, one Year	50	0	0
By Hire of Carriages for Visitations, one Year	134	9	2
By Petty Disbursements, Postage, and Carriage of Parcels	159	12	4
By Stamps for Licenses	20	0	0
By Fees to Legal and Medical Commissioners	1921	0	0
	£3280	6	0

Ashley, Chairman. H. H. Southey.
J. Bright. J. R. Hume.
T. Turner.

ARGUS,—No. II.

PHYSICIANS' PRESCRIPTIONS IN ENGLISH.

"Argus qui voit tout, avoit cent yeux, et deux seulement se fermoient à la fois, pendant que les autre vieillotent."
Encycl. Methodique.

IN continuation of our remonstrances against Mr. Muntz's English prescription clause, and his unaccountable ignorance of the indispensable Machiavelism and conservative policy of physicians and surgeons, we must over and over again insist that that prescribing physician and surgeon is a fool to his best interests, who ever suffers an inferior and cunning competitor to suck his brains, or places it in the power of any man to forestall his prescriptions, whether in Latin or English.

"It is a monstrous good joke," says Mr. James Atkins, senior-surgeon to the York County Hospital, "that a medical man who is *confessedly without brain*, shall continue completely to *suck* the brains of another who has not brains to perceive it."

He is a prudent and sensible man, who suppresses all communications of his best knowledge to his natural enemies, and reserves his therapeutical resources within the sanctuary and safe-keeping of his own breast. Reciprocity and free trade is of no use in this case. No physician nor consulting surgeon, who has the slightest regard for his just interests, and his fair remuneration for superior skill, should permit a druggist and chemist to expose his prescriptions to professional men, or the public. Those lounging, gossiping, medical, and other "CONFESSORS," who waste their time and talk, as country-town potterers, in administering their auricular confessions to the druggist, cause ten respectable customers to pass by his door for one that comes in. No respectable persons will expose themselves to the flippant remarks and behaviour of country-town professors,* who, for the most part, are inveterate chafferers, with cigars stuck in the corner of their mouths, idling and loitering out their evening strolls. A chemist's shop, from its very description, is of all others, as a lady of experience observed to us, the other evening, that shop which, on account of soda-water, cigars, and many miscellaneous articles, is most exposed to be beset by superfluous professionals, confessors, Paul Pries, and Dicky Gossips. Their visits always conclude by injuring the interests of tradesmen, and causing quiet, diffident, and respectable parties to shun these shops, in which "evil communication corrupts good manners," and is totally unfitted to the privacy and caution of a close, domestic, private, and occult profession, as medicine is universally acknowledged to be. It will never suit the interests of physicians and surgeons, locally, to have their cases, prescriptions, and private practice made a common talk of, with all the particular additions it receives from the stinking breath of the common people. Many druggists in several places have had a certain portion of their counters taken in, or, as the Scotch say of their houses, "self-contained" or "self-enclosed" with a brass rod and red curtains with brass rings, to prevent practisers and the public, who casually come in, from reading prescriptions, particularly those for females in the locality. It is to the interest of the druggist to keep a close mouth and observe a wise tongue, his brains else will never fill his pocket. The late celebrated Dr. Willan sent his prescriptions to Phillips and Hingston in the Poultry. Mr. Hingston many years ago informed us, that some of Dr. Willan's most particular and successful remedies for eruptive or skin diseases were written in conventional and cabalistical terms, to be understood by them only, that they might not be made up at any other houses, nor made known indiscriminately to the profession or public, who have no right to them. The results of every man's ingenuity, the fruits of every man's own brains, are that man's private property, and may turn out valuable to him, if he has the discretion to bridle his tongue, and keep a thief in his mouth from stealing out his brains.

In the present cannibal, cut-throat state of medical competition, we hear every day wilful, deliberate, and premeditated lies and calumnies showered on physicians of high skill and their prescriptions, by jealous, needy, and inferior practisers, to prejudice the public mind, in indirect praise of their own "*sugar*" as better sugar than that of their neighbours, and we wish to put an end to this disgusting and revolting spirit of petty competition. Almost every man in the medical profession is a horrid egotist, and exalts his own perfections as high as he can above the pretensions of his neighbour. Every apothecary man thinks himself as skilful a genius as Dr. Baillie, but he cannot get other people to be of the same opinion, so long as they can comprehend the principle of the division of labour; the difference of natural genius and aptitude in men, the difference of superior education, and other fixed and metaphysical differences, create as many distinctions in skill, between the capacities and resources of men of genius and talent, and those of ordinary men, as between the speed of Chartres, Eclipse, and Smolensko and the jigtrot pace of common cobs or hackneys. Medical men differ in shade and degree of intellect from the originality of CHIRON the BUCENTAUR, who was raised to the constellation *Sagittarius*, down to the dulness of the Asses of Æsculapius! EDITOR.

* See a witty paper on Shopkeeper's Confessors in early volume of 'Chamber's Edinburgh Journal.'

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeons, Daniel King, from the Monarch, to the Cornwallis; Alfred Cutfield, to the Champion; John Gannon, to the Monarch.—Assistant-Surgeon W. T. Rogers, from the Southampton, to the rank of surgeon, and to the Fantome; G. D. Macdonald, to the Queen; and J. Phillips, to the Savage.

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FOREIGN SOCIETIES.

ACADEMY OF MEDICINE.

Effects of Narcotism in some obstinate Cases of Neuralgia.—From the results of M. Levrat's long practice, it would appear that many obstinate cases of neuralgia, in which every other remedy had failed, were cured by administering opium, until it produced narcotism. This method appears, at first sight, a dangerous one, but, in the hands of a careful physician, it may be tried without apprehension. The following cases are cited by the author in support of this practice.

Case I.—A man at one of the Lyons hospitals was attacked with very severe sciatica; the limb was reduced to one-third of its natural size; all the ordinary means were tried without effect. Opium was now given, so as to produce narcotism; the pain at once diminished, and, after a month's treatment, the patient was completely cured.

Case II.—Madame Faure, 62 years of age, suffered from sciatica for three years. Three grains of opium were given before symptoms of narcotism manifested themselves. The result was the same as in the preceding case.

Case III.—M. Moretti had been afflicted for many years with sciatica on the left side. He was unable to walk without crutches, and the limb was considerably atrophied. Every remedy was tried without producing any relief. Two grains of opium brought on symptoms of narcotism, as vertigo, nausea, injection of the face, &c. It now became necessary to bleed the patient twice, and as soon as he was able to explain himself clearly, he said that the pain had disappeared, and he felt nothing but a sensation of pressure. Two years have now elapsed, and the patient has remained well ever since.

Case IV.—A lady. 42 years of age, laboured under nervous asthma, of long standing; she had undergone various methods of treatment without relief. M. Levrat, on being consulted, prescribed a pill composed of half a grain of opium and half a grain of belladonna. By mistake, however, the dose was carried to two grains of each. Two hours afterwards narcotism set in, and from that moment the suffocation and other nervous symptoms disappeared.

Case V.—A commercial traveller had suffered so much from an old neuralgic affection of the left temple, that he attempted, in a fit of despair, to poison himself, and swallowed six pills, each containing a grain of opium and a grain of extract of lettuces. He was immediately seized with symptoms of narcotism, and was bled copiously, to relieve the more urgent ones. Vomiting was afterwards excited by tickling the back of the throat. This occurrence took place three years ago, and the man has never complained of any pain since.

Tracheotomy in Croup.—M. Maslieurat communicated to the Academy two cases of tracheotomy performed in the last period of croup. In the first case the child was 22 months old, and seemed to lie in a state of complete asphyxia, so that it was thought that it could not possibly survive more than two hours. Before opening the trachea, the author waited until all hæmorrhage from the divided vessels had entirely ceased; on incising it, the air rushed in with a whizzing noise, and the child appeared to be restored to life at once. Having no canula by him, the author was compelled to use two pins, which he bent into the form of hooks, and having fixed the points in the edges of the wound, drew them apart by means of threads attached to the heads. This little patient got quite well.

The second patient, also, was an infant 22 months of age, but he was in a much more dangerous condition than the subject of the former case. When the trachea was opened, the child lay lifeless, instead of recovering, and seemed to have ceased breathing. The author endeavoured to restore respiration by alternate pressure on the chest. After five minutes useless efforts the females in attendance retired, begging of him not to waste any more time on a dead body. Still, however, he persevered, and after a lapse of twenty minutes respiration was established; the child now had a fit of coughing, and expelled a long cylindrical mass of false membrane, bifurcated at its lower extremity; it soon began to sink after this, and died on the following day.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

DISLOCATION OF THE WRIST.—FRACTURE OF THE OPPOSITE RADIUS.

T. C., aged 9, was admitted on May 12. He states that yesterday, about four o'clock in the afternoon, he was out bird's-nesting, and had climbed to the top of an elm, thirty or forty feet high, when the branch on which he stood gave way, and he fell to the ground. He alighted on the palms of his hands.

He was brought into the ward at half-past six, and on examination, Mr. Taylor, the house-surgeon, readily detected dislocation of the left wrist. The carpus formed a considerable projection on the back of the articulation, while the styloid processes of the radius and ulna were distinctly felt in the palm; these bones could be traced through their whole course, and were found to be entire. The fore-arm much shortened and deformed.

On extending the parts, and at the same time moulding the wrist into shape, the bones returned into their situation suddenly and with a snap, the patient immediately regaining the use of the joint.

The right wrist next demanded attention. There was some deformity from effusion into the sheath of the flexor tendons, and great pain on motion. On careful manipulation a fracture of the radius, close to the styloid process, was detected. The general appearance of the wrist had some resemblance to a dislocation such as described. Fomentations were applied to the left wrist.

The right fore-arm was now extended slightly, with the hand inclining downwards; pasteboard splints padded with tow, were placed on each side, and retained by rollers. On the following morning the same apparatus was applied to the left arm.

A TABLE OF MORTALITY OF THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 12th June, 1841 :—

Epidemic, endemic, and contagious diseases	142
Diseases of the brain, nerves, and senses	121
Diseases of the lungs, and other organs of respiration	283
Diseases of the heart and blood-vessels	13
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	2
Diseases of uncertain seat	90
Old age, or natural decay	47
Violent deaths	39
Causes not specified	4
Deaths from all causes	826

MEETINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

May 31, 1841.

Dr. Clutterbuck, President. Case of Inflammation of the Brain supervening on Hooping-cough.—Remarks by Dr. Clutterbuck on Blood-letting, and on Real and Apparent Debility.—Dr. Alison related the following case. A boy, six years of age, of dull parts, who had suffered convulsions in infancy from dentition, had for about two months been affected with hooping-cough. About the beginning of last month, immediately after suffering a very violent paroxysm of the cough, during which the veins of the head and neck became distended and the face livid, he was seized with convulsions which agitated the whole frame. This convulsive fit was followed by sleep. A medical gentleman who shortly after saw the case prescribed an emetic, which fulfilled its intentions happily without causing a recurrence of the convulsions. A few days after this Dr. Alison was requested to see the boy, when he was found in the following condition:—He was more than usually dull and inactive; complained of pain at the lower part of the head, to which he often raised his hand; the forehead was hot; the eyes suffused, and the pupils preternaturally inactive under the influence of light; the tongue was covered with a brown fur; pulse about 90, full and tense; skin hot and dry; and appetite much impaired. He breathed loud and with a snoring noise, even when awake, but complained of no pain in the chest, and no mucous or other râle was observable. These symptoms proved the presence of cerebral excitement, which, it was feared, might lead to effusion, if not speedily subdued by active measures. Under the use of leeches applied to the temples, calomel, aperient medicine, and light food, combined with quiet and all possible freedom from sources of stimulation, the boy was entirely relieved of his symptoms, and was enabled to go out into the open air for exercise. The hooping-cough continuing, the chest was rubbed night and morning with a stimulating and antispasmodic liniment. The liability to disease of the brain prevented the exhibition of narcotics for the abatement of the violence of the cough, further than a small and occasional dose of tincture of hyoscyamus combined with antimonial wine.

Some few days after this amendment had taken place, the boy became much worse. He complained of pain of the head, and, in short, the symptoms already described returned, but in a greater degree; the pupils were dilated, and the expression of the countenance was very dull, and indicated great oppression and weight of the head; the arteries and veins of the head were considerably distended. The patient was inclined to sleep a great deal, and when asleep frequently started and gnashed his teeth. He was ordered to be put to bed; the room being darkened, and to be kept very quiet. Leeches were ordered to the temples; a dose of calomel with a vegetable cathartic was ordered, to be repeated occasionally; low diet, composed of gruel and barley-water, and the like, was prescribed. The leeches were applied in the course of the afternoon, and the wounds continued to pour out blood very freely till late at night, when Dr. Alison was sent for, on account of the parents becoming alarmed at the loss of blood.

The wounds, when Dr. Alison arrived, were bleeding copiously; the face was much flushed; the arteries of the head were throbbing violently, and the veins of the temples, neck, and, indeed, throughout the entire surface, were much distended; the pulse was quicker, fuller, and more tense than in the morning; the patient more dull, and decidedly less alive to what was passing around him; the breathing was deeper, and the snoring noise considerably increased. The medicine had acted freely on the bowels. Instead of attempting to interrupt the bleeding, the parts were bathed with warm water, to encourage the flow of blood, and orders were given to allow the bleeding to go on during the night, unless symptoms of exhaustion should supervene. The medicine was continued. Next morning there was no improvement, although the bleeding had continued almost up to

that time. The symptoms were much the same as on the preceding night. The head was now ordered to be shaved; it was well saturated with a mixture of vinegar and water, to which a small quantity of spirits of wine was added, twice to be kept constantly applied to the head; a blister was ordered for the nape of the neck; and a mixture, composed of a weak solution of tartrate of antimony and of the tincture of opium, to be given every two hours. In the afternoon he was again seen; the leeches had drawn much blood, and the wounds had bled for some considerable time; the bowels had been moved freely by the calomel and the mixture, and the blister had produced considerable vesication. Notwithstanding this, the patient was decidedly worse; the face was still more flushed; the dulness had increased almost to insensibility; the pupils were but little affected by light; the breathing was still more deep, and the pulse quicker than at any previous period of the attack. The bleeding from the leech-bites was to be encouraged, and the medicines to be continued. More leeches were applied during the evening; and now while they were sucking, for the first time, the face became somewhat pale. This was considered a favourable change. In the morning a very great improvement was observable; the patient had slept sound, and with little snoring, starting, or gnashing of the teeth; the face was inclined to be pale; much less throbbing of temples was remarked; the pulse was less frequent and more soft, and he was now pretty well aware of what was passing around. During the day he took a little food; the excitement of the system gradually abated, and in the course of a few days he was convalescent, but extremely weak, the body throughout being very much attenuated. Effusion of water within the pleurae now supervened, as was indicated by a constant difficulty of breathing, aggravated by lying in bed, and relieved when the shoulders were elevated, by dulness on percussion, and by scanty and high-coloured urine. These symptoms gave way very shortly, under the use of spirits of nitrous ether, a substantial diet, and a very small quantity of Hollands, given in the afternoon and evening. About ten days ago he was sent into the country for change of air, and is now quite well, strong, and gaining flesh every day.

Dr. Clutterbuck remarked, that the object of Dr. Alison, in the case he had related, was, he believed, to show, that active inflammatory disease in the brain might be accompanied with signs of general debility, such as feebleness of pulse and muscular weakness; and that these signs of themselves afforded no argument against the use of blood-letting, which, on the contrary, was the proper remedy in such cases. Believing this opinion to be correct, and of great practical importance, he would submit to the society a few of the grounds upon which the opinion rested. In the first place, it was necessary to distinguish between absolute and permanent weakness, and weakness that was rather apparent than real, and which was only temporary in duration. Absolute weakness then was that which was produced by a large loss of blood in any way—by an insufficient supply of food, or of pure air, for a length of time; or by protracted disease of any kind, but especially of the organs of supply. In these cases the weakness was permanent, and required great caution in the use of blood-letting, which, in such cases, was only admissible for the purpose of checking the course of some active local disease, such as inflammation, which, as was well known, might arise in the weakest subjects as well as the strongest. The second kind of weakness, which was apparent, rather than real, and which was only temporary, was such as attended syncope, or an approach to it, and which would take place from the sudden loss of a very small quantity of blood in certain individuals, even in persons of great general strength, or that which arises from mental emotion, or violent shocks or injuries of any kind, inflicted on the system. This kind of weakness was better termed prostration or depression of strength; it might be compared to a mechanical spring that was overpowered by superior force, but which still retained its elasticity, ready to act when the opposing force was removed. This temporary kind of weakness afforded no absolute objection to blood-letting, under certain circumstances; on the contrary, such a remedy might be requisite, even whilst the depression lasted; and this it was that required to be well understood. Instances of this depression of the vital power under disease were various. One of the most striking, perhaps, was the cold fit of an intermittent, where bleeding was found to have the effect of hastening the accession of the hot fit, or reaction, as it was termed. Again, the early stage of most inflammations, when either so violent or so extensive as to excite general disturbance in the system, was often marked by the same cold fit as in intermittents, and in which blood-letting, within reasonable bounds, was followed by general vascular excitement, or pyrexia, as it was termed. He did not mean to contend for the necessity, or even the propriety, of employing bleeding in the cold fit of intermittents in general; but it was of importance that the practice, under ordinary circumstances, and with proper caution, was, at least, safe, thus negativing the idea of the cold fit of fever being founded simply in debility, as had frequently been alleged. But, in ordinary inflammations, arising from common causes, and which were not like intermittents of a specific nature, it was a matter of great importance to endeavour to arrest their progress at the earliest period, even during the cold fit or stage of depression, and for this especial reason, that one power over the disease lessened every hour that it continued. He considered it, therefore, highly injudicious, in cases of violent inflammation, and also where serious injuries had been inflicted, on either body or mind, to wait for what was called reaction taking place, before bleeding was resorted to; for, by so doing, we lost much valuable time, and lessened our chance of bringing the disease to a speedy and favourable termination. The distinction for which he was contending was not always, he had reason to believe, nor generally made, the pulse being commonly relied upon exclusively as the guide to the use of the lancet. The pulse, by itself, however, was a most fallacious guide on these occasions. It might vary, and that within the compass of a few hours, from a state of feebleness to a full and bounding state, not only in the natural course of the disease, but from trivial circumstances, such as the temperature, or even the posture in which the body was placed. What we had to inquire into, therefore, when judging of the propriety of bleeding, in the cases alluded to, was, in the first place, the importance of the disease itself, which might or might not be such as to justify the employment of that remedy; and next the actual state of the system, in regard to general strength, upon a due estimate of which not only the use of the remedy altogether, but the extent to which it ought to be carried, depended. Strength, in these cases, was not to be judged of by the pulse merely, but by a variety of other circumstances; such, for example, as the known condition of the system at the time of the attack, the duration of the disease, and the previous treatment, as well as by the general aspect and movement of the patient; from an attentive contemplation of all which we shall rarely fail to form a correct estimate of the real strength of the system so as to prevent our falling into any practical error. In reverting to Dr. Alison's case, he should say that the brain, at first, was in a state of oppression, arising from increased action, and consequent distention of the cerebral arteries; the necessary effect of which distention in a circumscribed cavity like that of the cranium, which was always completely filled by its contents, must be to impede, more or less, the current of blood through the veins, and thus obstruct the circulation through the organ, thereby impairing its energy, and paralysing, as it were, as well as disordering the rest of the system. Upon this ground it was not difficult to understand the good effect resulting from Dr. Alison's practice, which was calculated to diminish the excessive arterial action of the brain, upon which the various symptoms of the disease depended.

This being the last meeting of the society for the session, the president made some remarks on the prosperity of the society, after which it adjourned until the last Monday in September next.

ADVERTISEMENTS.

MOST IMPORTANT TO MEDICAL MEN AND OTHERS.—THE NEW BRITISH WATERPROOFING COMPANY, 343, Strand, London, beg to direct the attention of the nobility, gentry, the trade, and public in general, to their valuable WATERPROOF and MOTH-PREVENTING process, by which woollens, merinoes, silks, muslins, &c., &c., either made up or in the piece, are rendered completely impervious to water, without impeding the escape of perspiration. Officers in the army and navy, sportsmen, equestrians, travellers, &c., &c., are, therefore, particularly recommended to avail themselves of this invaluable protection from the weather, by having their clothes waterproofed on the above principle; and the Proprietors feel confident the knowledge of their invention only requires more extended circulation to insure its universal adoption.

EDWARD EDGE.

N.B.—Persons in the country may forward goods through the medium of their tailors, or the Company's Agents.

PREPARATIONS IN GELATINE CAPSULES. By WILBRENOW & KRANTZ, Pharmaceutical Chemists of the Institute of Berlin.

I. BALSAM OF COPAIBA. This preparation having now established its reputation as the most agreeable and eligible method of administering this valuable medicine, W. & K. trust they have attained their object of enabling the Profession to administer the Balsam in a form in which, while its nauseous properties are completely disguised, its medical qualities are preserved unaffected.

Ten grains of Unadulterated Balsam (imported direct from Para by W. & K.) are contained in each Capsule, which will be found of a size that may be easily taken.

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The purest ingredients are used in these Preparations, and care is taken to ensure their uniformity of strength, and a freedom from leakage or smell. W. & K. hope that the approbation and support so long given to their Copaiba Capsules, will be extended to and deserved by their preparation of the Cubebs.

To be had Wholesale at the Manufactory, 2, Poultry, (entrance 41, Bucklersbury); and of all Wholesale Druggists in London; and retail of all respectable Chemists and Druggists throughout the kingdom. Wholesale Agents; Messrs. J. and R. Raimes, Edinburgh; Mr. L. Simpson, Medical Hall, Manchester; Evans, Son, and Co., 41, Lord-street, Liverpool; Mr. P. Morris, Bull Ring, Birmingham; and Mander, Weaver and Co., Wolverhampton.

TO SURGEONS, CHEMISTS, &c.—The attention of the Profession is respectfully solicited to Messrs. HEWLETT and GODDARD'S MONTHLY PRICE CURRENT, for DRUGS, PHARMACEUTICAL PREPARATIONS, &c. The Vegetable Extracts, generally so variable in their Properties, are prepared by them at a low temperature, by a Steam Apparatus.

Apply (if by letter post-paid) 68, Hatton Garden, London.

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ANSELL and HAWKE, of No. 8, Great Queen Street, Lincoln's Inn Fields, beg to inform Gentlemen commencing or altering in the above Profession, that they have a large assortment of Drawers, Bottles, Jars, and every requisite for completing Shops or Surgeries, on the most moderate terms. Most satisfactory references can be given as to style and quality. Plans and Estimates furnished, free of expense.

Valuation of Stock and Fixtures.

THE MEDICAL TIMES.

TO ADVERTISERS.

THE Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is most ineligible, as a medium for advertising, to any periodical of the day. THE PERMANENCY DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 16, Wellington-street North, Strand.

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A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 3s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1 15 0 for Ladies.
Ditto, double joints	2 5 0 for Gentlemen.
Ditto, standard silver	0 15 0 for Ladies.
Ditto, double joints	0 16 6 for Gentlemen.
Ditto, finest blue steel frame	0 15 0 for Ladies.
Ditto, ditto, double joints	0 16 6 for Gentlemen.
Ditto, tortoiseshell frame	0 10 0 for Ladies.
Ditto, best black buffalo horn	0 7 6 for Ladies.
Ditto, strong steel frame	0 7 6 for Mechanics

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for spectacle

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Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their Purchases without extra charge.

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Superior eight-inch Wheel	£2 5 0
Ditto, Rosewood, inlaid with Pearl	4 0 0
Portable Pedimental Barometer, which may be sent to any part of the Kingdom, without injury from, 2l. 2s. to	6 0
Most Improved Mountain Barometer	5 10 0
Ditto, Marine, from 3l. 3s. to	6 0 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

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C. JOHNS begs most respectfully to inform Gentlemen of the Medical Profession generally, that having enlarged his Establishment, he has now on hand a very extensive Stock of every kind of Fixtures, Fittings, and Utensils, which he is enabled to supply at very low prices; and as most of the Articles are Manufactured on the Premises, he can guarantee their being made of the best Materials and Workmanship.—C. J. therefore solicits an inspection of the same.

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A large Assortment of New and Second-hand always in Stock, viz., Nests of Mahogany Fronted Drawers, of all dimensions, with Lockers under and shelving over for Bottles, Pots, Carboys, &c.

Nests of Deal Drawers, with Lockers, Shelving, &c.

Mahogany and Deal Top Counters of all lengths and widths, either with Drawers or without.

An assortment of Counter Desks, with and without Glass Cases at back of ditto, for Patent Medicines, &c.

Dispensing Cases, Glass Cases of all dimensions to fix against walls, &c. Cases for Counters, Glazed with Plate Glass, Cases for Papers sized.

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Mahogany Carboy Stands, all patterns and shapes.

Shop Fronts made to any Design, and every description of Carpenter's work, repairs, &c., performed.

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Various sizes, new and second-hand, with Worms and Tubs complete.

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SPECIE JARS.

		£. s. d.
To Sixteen inches	per lb.	0 1 4
One gallon without cover		
Two gallon ditto		
Three gallon ditto		0 1 6
Four gallon ditto		
Six gallon ditto		0 1 9
Eight gallon ditto		

SPECIE JARS, NARROW MOUTH, WITH SPIRAL STOPPERS.

One gallon Stoppered		
Two gallon ditto	per lb.	0 1 6
Three gallon ditto		
Four gallon ditto		

CARBOYS.

One gallon, including plain stopper		
Two gallon ditto	per lb.	0 1 6
Three gallon ditto		
Four gallon and upwards		
Carboy or Spiral stoppers, cut, from 1s 6d each to		0 4 0
Mahogany Stands for ditto, from 2s. to		1 10 0
Imitation Marble Stands, from 2s. to		0 10 0

BLUE SYRUP BOTTLES.

Half-pint	per doz.	0 12 0
Pint	,,	0 15 0
Quart	,,	1 0 0
Three pint	,,	1 7 0

The above have solid Stoppers, and made so as to prevent the possibility of Flies going into the mouth of the Bottle.

BLUE POWDER BOTTLES WITH GROUND STOPPERS.

One ounce	per doz.	0 7 6
Two ditto	,,	0 10 0
Four ditto	,,	0 13 0
Six ditto	,,	0 15 0
Eight ditto	,,	0 16 0
Twelve ditto	,,	0 18 0
Sixteen ditto	,,	1 0 0

ÆTHER BOTTLES WITH GLASS CAPS.

½ ounce	0 1 3
One ounce	0 1 4
Two ounce	0 1 6
Three ounce	0 1 9
Four ounce	0 2 3
Six ounce	0 2 6
Eight ounce	0 2 9
Pint	0 3 6
1½ Pint	0 4 9
Quart	0 5 0
Three pint	0 6 6

STOPPERED ROUNDS.

WIDE AND NARROW MOUTH.

Two quart		
Three pint		
Quart	per lb.	0 1 2
Pint		
Twelve ounce		
Eight ditto	per doz.	0 10 0
Six ditto	,,	0 8 6
Four ditto	,,	0 7 6
Three ditto	,,	0 7 0
Two ditto	,,	0 6 6
One ditto	,,	0 5 6
Half ditto	,,	0 5 0

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Specie Jars labelled inside in gold, silver, and colours, and executed to any design, from 10s. to 3 Guineas each.

Characters on Carboys and Spirals, in gold and shaded, 1s. 6d. each.

Drawers, Bottles, Pots, Jars, &c., throughout the Shop, at 4s per dozen, in gold labels, with black letters, and shaded.

Transparencies and Tablets executed in the first style of elegance. Common Tablets always in Stock, for Ginger Beer, Soda Water, &c.

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	£. s. d.
Cayenne Bottles . . . . . per lb.	0 1 4
Lozenge Jars . . . . . ,,	0 1 6
Tie Over Glasses . . . . . ,,	0 1 4
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Soda Water Glasses plain . . . ,,	0 1 9
Ditto ditto cut . . . ,,	0 2 3
Ditto Goblets with foot . . ,,	0 3 6
Caper Squares . . . . . per doz.	
Preston Salts corked and sealed ditto	
Turquoise Jujube Stands . . . each	0 2 3
Glass Pomatum Pots . . . . ditto	0 1 0
Leech Tubes, various colours . . per doz.	0 3 0
Lavender Water Bottles, all sizes	
Squares ditto ditto	
Hair Oil ditto ditto	
Seidlitz Powder Bottles	
Tincture Squares	
Ditto Ovals	

All above 2oz. 1s.1d. per lb.—2oz. & under 1s. 2d. per lb.

SMELLING, SCENT AND TOILET BOTTLES.

In great Variety, always in Stock, and a liberal Discount allowed.

EARTHENWARE SUNDRIES.

GRADUATED BLEEDING BASINS.

Sixteen Ounce	each	0 1 4
Twenty-four Ounce ditto	,,	0 1 10

WHITE PEDESTAL SHOP JARS WITH COVERS.

¼lb .. ¼ pint	each	0 0 3
½lb .. ½ pint	,,	0 0 3½
1lb .. 1 pint	,,	0 0 6
2lb .. 1 quart	,,	0 1 0
3lb .. 3 pint	,,	0 1 3
4lb .. 2 quart	,,	0 1 8
6lb .. 3 quart	,,	0 2 4
8lb .. 4 quart	,,	0 3 3

OLIVE PEDESTAL SHOP JARS WITH COVERS.

¼lb .. ¼ pint	each	0 0 3½
½lb .. ½ pint	,,	0 0 5
1lb .. 1 pint	,,	0 0 10
2lb .. 1 quart	,,	0 1 2
3lb .. 3 pint	,,	0 1 8
4lb .. 2 quart	,,	0 2 3
6lb .. 3 quart	,,	0 3 2
8lb .. 4 quart	,,	0 4 0

LILAC PEDESTAL SHOP JARS WITH COVERS.

¼lb .. ¼ pint	each	0 0 3
½lb .. ½ pint	,,	0 0 5½
1lb .. 1 pint	,,	0 0 9½
2lb .. 1 quart	,,	0 1 5
3lb .. 3 pint	,,	0 2 2
4lb .. 2 quart	,,	0 2 4
6lb .. 3 quart	,,	0 4 0
8lb .. 4 quart	,,	0 5 6

DEEP BLUE PEDESTAL SHOP JARS, WITH COVERS.

¼lb .. ¼ pint	each	0 0 4½
½lb .. ½ pint	,,	0 0 6½
1lb .. 1 pint	,,	0 0 10
2lb .. 1 quart	,,	0 1 6
3lb .. 3 pint	,,	0 2 3
4lb .. 2 quart	,,	0 3 0
6lb .. 3 quart	,,	0 3 10
8lb .. 4 quart	,,	0 4 10

MAZARINE BLUE PEDESTAL SHOP JARS, WITH COVERS.

¼lb .. ¼ pint	each	0 0 4½
½lb .. ½ pint	,,	0 0 7
1lb .. 1 pint	,,	0 1 0
2lb .. 1 quart	,,	0 2 0
3lb .. 3 pint	,,	0 2 7
4lb .. 2 quart	,,	0 3 6
6lb .. 3 quart	,,	0 4 9
8lb .. 4 quart	,,	0 6 6

ROCKINGHAM PEDESTAL SHOP JARS, WITH COVERS.

¼lb .. ¼ pint	each	0 0 4½
½lb .. ½ pint	,,	0 0 7
1lb .. 1 pint	,,	0 1 0
2lb .. 1 quart	,,	0 2 0
3lb .. 3 pint	,,	0 2 6
4lb .. 2 quart	,,	0 3 4
6lb .. 3 quart	,,	0 4 9
8lb .. 4 quart	,,	0 6 6

TURQUOISE PEDESTAL SHOP JARS, WITH COVERS.

			£ s. d.
¼lb .. ¼ pint	.. ..	each	0 0 4½
½lb .. ½ pint	.. ..	,,	0 0 7
1lb .. 1 pint	.. ..	,,	0 1 0
3lb .. 1 quart	.. ..	,,	0 2 6
3lb .. 3 pint	.. ..	,,	0 2 6
4lb .. 2 quart	.. ..	,,	0 3 6
6lb .. 3 quart	.. ..	,,	0 4 9
8lb .. 4 quart	.. ..	,,	0 6 6

EARTHENWARE PILL TILES PLAIN.

4 inches	each	0 0 4
5 ditto	,,	0 0 5
6 ditto	,,	0 0 8
7 ditto	,,	0 0 10
8 ditto	,,	0 1 0
9 ditto	,,	0 1 3
10 ditto	,,	0 1 9
11 ditto	,,	0 2 4
12 ditto	,,	0 2 9

EARTHENWARE PILL TILES.

GRADUATED.

4 inches square	each	
5 ditto ditto	,,	
6 ditto ditto	,,	0 1 6
8 ditto ditto	,,	0 2 0
9 ditto ditto	,,	0 2 3
10 ditto ditto	,,	0 2 6
11 ditto ditto	,,	0 3 0
12 ditto ditto	,,	0 3 6

MARBLE PILL SLABS.

Marble Slabs, circular 11 inches in diameter	,,	0 3 0
Ditto square, various sizes	,,	
Ditto ditto in mahogany frames, French polished from 4s. to	,,	0 10 0

COMPOSITION FUNNELS FLUTED.

No. 1. 1 ounce	each	0 0 4
,, 2 2 ounce	,,	0 0 6
,, 3 4 ounce	,,	0 0 8
,, 4 8 ounce	,,	0 1 0
,, 5 1 pint	,,	0 1 6
,, 6 1½ pint	,,	0 2 0
,, 7 1 quart	,,	0 2 6
,, 8 3 pints	,,	0 3 0
,, 9 2 quarts	,,	0 3 6

COMPOSITION MORTARS AND PESTLES.

No. 0000 ..	each	0 0 9	No. 8 ..	each	0 8 0
,, 000 ..	,,	0 1 0	,, 9 ..	,,	0 10 0
,, 00 ..	,,	0 1 2	,, 10 ..	,,	0 12 0
,, 0 ..	,,	0 1 4	,, 11 ..	,,	0 13 0
,, 1 ..	,,	0 1 9	,, 12 ..	,,	0 15 0
,, 2 ..	,,	0 2 0	,, 13 ..	,,	0 17 6
,, 3 ..	,,	0 2 6	,, 14 ..	,,	1 0 0
,, 4 ..	,,	0 3 3	,, 15 ..	,,	1 1 0
,, 5 ..	,,	0 3 9	,, 16 ..	,,	1 4 0
,, 6 ..	,,	0 4 6	,, 17 ..	,,	1 7 6
,, 7 ..	,,	0 5 6	,, 18 ..	,,	1 10 0

MARBLE MORTARS.

OUTSIDE DIMENSIONS.

5 inches ..	each	0 6 3	13 inches ..	each	1 4 0
6 inches ..	,,	0 7 6	14 inches ..	,,	1 5 6
7 inches ..	,,	0 9 6	15 inches ..	,,	1 10 0
8 inches ..	,,	0 11 0	16 inches ..	,,	1 12 0
9 inches ..	,,	0 12 6	17 inches ..	,,	2 2 6
10 inches ..	,,	0 13 6	18 inches ..	,,	2 5 0
11 inches ..	,,	0 16 6	19 inches ..	,,	2 7 6
12 inches ..	,,	0 18 0	20 inches ..	,,	2 10 0

WOOD PESTLES, EXTRA.

2 inches diameter	each	0 2 6
2½ ditto	,,	0 3 0
3 ditto	,,	0 4 0
4 ditto	,,	0 6 0

CAST IRON MORTARS AND PESTLES, BELL-SHAPED, TURNED.

No. 0	3½ inches	diameter	6 ounces	each	0 1 6
,, 1	4 ditto	ditto	½ pint	,,	0 1 9
,, 2	4½ ditto	ditto	¾ pint	,,	0 2 3
,, 3	5 ditto	ditto	1 pint	,,	0 2 9
,, 4	5½ ditto	ditto	1½ pint	,,	0 2 6
,, 5	6 ditto	ditto	2 pints	,,	0 3 9
,, 6	6½ ditto	ditto	3 pints	,,	0 4 9
,, 7	7 ditto	ditto	4 pints	,,	0 5 3
,, 8	8 ditto	ditto	5 pints	,,	0 6 0
,, 9	9 ditto	ditto	3 quarts	,,	0 8 0
,, 10	10 ditto	ditto	4 quarts	,,	0 9 6
,, 11	11 ditto	ditto	5 quarts	,,	0 13 0
,, 12	12 ditto	ditto	6 quarts	,,	0 14 0
,, 13	13 ditto	ditto	7 quarts	,,	
,, 14	14 ditto	ditto	9 quarts	,,	
,, 15	15 ditto	ditto	12 quarts	,,	
,, 16	16 ditto	ditto	13 quarts	,,	
,, 17	17 ditto	ditto			
,, 18	18 ditto	ditto			

PHIAL STANDS, HORN SCOOPS, &c., &c.

WITH EVERY VARIETY OF UTENSILS, &c., NECESSARY FOR MEDICAL USE.

London: Printed and Published by the Proprietor, THOMAS BAILEY, at his Office, 10, Wellington Street North, in the Parish of St. Paul, Covent Garden, Westminster, in the County of Middlesex. June 26, 1841.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

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For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street, North London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d. [T. BAILEY, WELLINGTON STREET NORTH, STRAND.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XVII.

"Empirics will undertake all CURES, yet know not the *causes of any diseases*. Dog-leeches!"—

Ford's Love Melancholy.

General Practitioners Bill lost—Apothecaries' Bill passed.

(Continued from p. 142.)

It has been awful to see the number of young men of low birth and low breeding, destitute both of a proper general education and equally bare in professional elements, who have thronged to the British schools, and returned home, many of them at least, as remarkable for their ignorance, incapacity and deficiency, as they went up; and fitter for beast-leeches and horse-doctors than general practisers. But full of bustle and pushing, versed in astutia and chicanery, and infected with the foul immoralities and vulgar passions bred in the very blood and bone of their abject parents, and wrought to the finest finish of early education in the lanes, alleys and grub-streets of cities, and in the closes and stinko-malees of slanderous country towns, they are exactly the men, notwithstanding, to succeed with the same sort of people as themselves, who are the most numerous, and even with their betters. According to the routine of our constant customs and daily usage, we see these men, *par excellence*, accepted *comme il faut* in preference to respectable men of high education, and supported by the exclusive knowledge and wholesale use of those three murderous and hackneyed remedies, bloodletting, blistering, and mercury; which are now used as general remedies with so little discrimination, and with so fatal results. So gross and false are the opinions and examples by which the mass of weak, credulous and perverse human beings are governed in matters of physic in country towns, that the ignorance and prejudice of the people would not be credited from a single authority, if not confirmed by men of true observation and judgment, who alone know, and dare to divulge, the truth. A true picture only of English human nature can paint the deplorable folly of many persons in all classes. One of the oldest and most respectable examiners at Apothecaries' Hall, Mr. Ridout, declared to the select committee that "the WEALTHY as well as the POOR consult uneducated men with their eyes open, though they know, and have opportunities of knowing, the qualified from the unqualified; while the poor, from ignorance, are not able to distinguish one from the other." Mr. Nussey, of St. James's-street, gave the same reply. Another examiner was asked "whether qualification bettered a man's expectation of practice?" "No!" said the respondent, "there are *more ways* than *one* of getting into practice." (*A laugh!*)

How can it be marvelled at that these things are, when we hear the enlightened and "genteel gentlefolks" answer you in the eyes and face: "The man is much better for having no education at all, because he then can work upon his own natural genius for physic!" This was the speech of a "genteel gentlewoman" in favour of a gross impostor, who passed himself off as an Army Surgeon, and Member of the College, but not the Hall. We were compelled to expose this man, who, feigning to be what he was not, was a more execrable villain than the wholly ignorant or utterly incompetent man, who plainly acknowledges what he is. This discrimination was laid down by the witnessing examiners of Apothecaries' Hall as the law to the select committee. After the exposure of this Quack, he dropped dead of a broken heart soon afterwards. The last thing said to us by a "genteel gentleman" of a country town, in favour of ignorance was, "nothing shall make me believe, that a *common* man cannot cure cases as well as Sir Astley Cooper and the great men you talk of!" A pretty prospect is this for liberally educated young men entering into life, if this is the state of provincial opinion in our Bœotian towns!

EXAMINATIONS AND RESULTS.—It appears that the Hall had examined, up to 31st March, 1834, 7028 candidates; rejected 795; conferred 6233 licenses; 615 for London; 5618 for the country, of which 280 have been transferred to London.

In the list of the 795 REJECTED, or 1 in every 10 incipient practisers, we find that numbers characterised as "ignorant," "natural deficient," (or "deficient naturals,") "imperfect," "general deficiency," "confused," a great part "ignorant of Latin, and in each of the principal and auxiliary sciences of medicine;" numbers were "generally deficient." How unfortunate that the Apothecaries' Company had not been empowered from the reign of Henry VIII. What a host of born idiots and natural fools they heretofore would have kept out from the grade of general practitioners, and as such abusing the bodies of his Majesty's lieges.

We ought to thank Providence that the Apothecaries' Act passed when it did; for in these populous days, what would become of the people, if 795 ignoramuses and idiots (that is one in ten practisers) were let loose every twenty-four years, to get their bread by the justifiable manslaughter or homicide of their patients? What must have been the case previously to the Act? What sort of brains could English fathers and mothers have possessed out of Bedlam, to have poured children, who were nothing but NATURAL FOOLS, into a profession like medicine? What sort of people could these be, or what sort of reason or judgment could they possess who employed them? Of all the beastly abuses in this country, and it has abounded in the grossest and foulest abuses in every department of life, public and private, no abuses can come up in infamy to "The BEASTLYE abuses of PHYSICKE and CHIRURGERIE," from Henry the Eighth to George the Third! What an endless Augean stable has been the profession in England for three centuries and a quarter! Too foul for twenty Hercules to rid and cleanse! Who can wonder, after this official showing, and actual analysis by facts and figures, that not only the "WHOLLY IGNORANT and UTTERLY INCOMPETENT,"—not only their *confrères*, the Blue-Bottle-Druggist-Surgeons,—and other species of unlicensed irregulars,—but what the judges define to be of unsound mind, half idiots, or whole idiots, stupid lumpish fools, numskulls and paper-skulls, non-compotes, and fools natural, have formed, we believe, the tithe of those general practisers, who have physicked the greatest portion of the English public for three hundred years, up to 1815! "It is wonderful," says an old physician, Gideon Harvey, in his Conclave of Physicians, "how physic robs the plough." "It is wonderful," was wont to say our erudite old friend, Dr. Peter Reid, of Edinburgh, "how thick and fresh the English doctors-to-be come up from the *coo's* (cow's) tail, and leave their pails and smock-frocks behind them."

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 19th June 1841:—

Epidemic, Endemic, and contagious diseases	112
Diseases of the brain, nerves, and senses	139
Diseases of the lungs, and other organs of respiration	252
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	60
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	89
Old age, or natural decay	39
Deaths by violence, privation, or intemperance	21
Causes not specified	4
Deaths from all causes	750

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LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE XI.

If a student of natural history were, in the course of his readings, to come to the description of a tribe of molluscous animals, cemented immoveably for life to some foreign substance; possessing distinct male and female organs on different individuals; fecundating, by means of the dispersion of the fertilising fluid through the circumambient medium, like dioecious plants: then, to find that the ova extruded from the ovarium were received into the cavity between the gills, which served the office of a marsupial pouch; that within this receptacle their development was completed; that during their development they produced from their surface thousands of minute filamentary organs, by which they were enabled slowly to revolve upon their own axis within the albuminous fluid of the chorion, and then to perform a series of elliptical gyrations, like the planets in their spheres; that they afterwards burst through the chorion; threw off their filamentary cilia; secreted a thick calcareous covering of defence around their exposed bodies, and fixed themselves permanently for the remainder of their lives;—surely he could not consider this the least extraordinary and interesting of the phenomena displayed by Nature in her wondrous works. And if, again, the anatomist were to examine the structures of an animal, possessed of a perfect ovarium, oviduct, prostatic cæca, clitoris in the form of a calcareous spiculum, and a preputial sheath; and on the same individual should find, a well-formed testis, vas deferens, vesiculæ seminales, and a largely-developed intromittent organ; surely he would consider such an animal as remarkable for the complication and perfection of its organization; combining in a single body, without derangement of the great intention of its being, or detraction from the comforts of its existence, the peculiar attributes of two opposite sexes; yet such is the structure of the animals that were considered in the last lecture.

The Molluscous Bivalves were seen to be dicœcious, possessing distinct sexual organs on different individuals. The organs themselves, being however so similar in external form and structure as to require the aid of the microscope in distinguishing by their contents their real nature. The genus Cyclas is the only exception to the Dicœcious character, possessing on the same individual an hermaphrodite organization.

The Acephalous Tunicata were remarkable for the existence of numerous yolks in the same ovum. In the genus Salpa the ovum contains only a single yolk; the generative organs are distinct upon the same individual, but of the most simple structure. The solitary Tunicata, floating in the tropical seas, present a remarkable condition of animal life; one in which many phenomena are performed by the same action, viz., by the alternate contraction and expansion of the external tunic. By this movement, streams of sea-water are drawn within the tunic, and pass in currents through the interior in a constant direction; aerating the branchiæ, bearing numerous minute animals which serve as food, and transmitting the ova into the circumambient medium. The ova are developed in a large vesicular ovarium, and the young salpæ are extruded from the case connected with each other, and forming long chain-like strings.

In the Pulmonary Gasteropoda the sexes are combined on the same individual as in the common Slug, the garden Snail, &c. All the marine Gasteropoda are dicœcious. In the Patella, belonging to the division Cyclo-Gangliata of Cuvier, that physiologist could discover no difference between the male and female organs, which he therefore considered to be cryptandrous. But more recent observation has proved that there cannot be such a state in the animal kingdom, and that these creatures are distinctly dicœcious.

The Pectinibranchiata, the animals residing in the many beautiful specimens of turbinated shells, known to conchologists, are all clearly dicœcious. The testis is situated in the upper part of the spire of the shell, the position of the ovary in the female; the vas deferens is long and spiral, and passes through the middle of an enormous intromittent organ, to terminate at its extremity. In the Trochus, another genus of Pectinibranchiata, the vas deferens terminates at the base of the penis, which is solid and muscular, and grooved along its inferior part. In the Carinaria, which is principally naked, having a thin and delicate shell for the protection of the viscera, the penis is bifid, as well as being grooved.

The female organs of the Pectinibranchiata are all similar, and may be illustrated by their disposition in the Paludina Vivifera. The ovarium is situated upon the dorsal surface of the caudal portion of the animal, deeply within the spire of the shell; the oviduct dilates at the base of the branchiæ before opening upon the surface. This dilatation serves for the complete development of the ova, previously to their expulsion from the parent as young. But, in most instances, the ova are extruded in their undeveloped form; in which case there are large laminated nidamental glands, which surround them with an exterior investment previously to their exclusion. Some of the ova, with their nidamental coverings, are expelled singly; others are variously and curiously grouped; the ovum of the Buccium has the form of a flattened cyst. In the genus Strombus the ova are pushed out by successive contractions of the oviduct; but a portion of the nidamental secretion remaining between each, and connecting them together, gives rise to the formation of a camerated nidus. In the Nattica the nidus is cup-shaped, and in the Trochus arranged like a honeycomb.

The development of the ova of the Gasteropodous Mollusca has been traced, with the greatest care, by MM. Dumortier and Jacquemann, in two fresh-water species with transparent shells. The former naturalist has figured the successive changes in the Lymnæus through all its stages, and the latter equally carefully in the Planorbis. The ova of the Planorbis are aggregated into masses, having the form of a shield; they consist of a chorion inclosing albumen, a vitelline sac and vitellus, and a germinal vesicle and germinal spot. At the end of the first, or the commencement of the second day, four globular vesicles are perceived; the vesicles increasing in size, a slight movement in one direction is observed in the albuminous fluid surrounding the vitellus. This movement is occasioned by the development of vibratile cilia, which are soon apparent to the eye, and produce a gradual revolution of the entire vitellus. Shortly afterwards, another movement of the entire ovum, in elliptical circles, is apparent; slow at first, but becoming more rapid by degrees; and by the tenth or twelfth day true muscular contractions occur. On the fourth day a clear whitish fluid, consisting of regularly-formed granules, and resembling the cambium of the Spider's ovum, is observed to occupy one part of the vitelline vesicle. and gradually to push aside the subdivided vitellus. The cambium-like portion of the ovum then becomes protruded, and shortly bifurcates into two portions, which represent the head and the foot of the animal. Then a second protrusion takes place from the upper part of the vitellus, and gives origin to the respiratory cavity; it is upon this part that the vibratile cilia remain longest. and continue to be most active. The tentacula are then produced from the head, the pigment of the eye-specks appears, and the foot is completed. Two of the granules dilate, assume a vesicular form, and become the heart, from and towards which the vascular currents are seen to be directed. A pellicular shell is also produced, and the intestinal canal closes upon the vitelline substance on the back of the animal. At about the fourteenth or fifteenth day the corium is ruptured. and the young escapes.

In the Lymnæus and in the other gasteropods the changes are essentially the same. It is remarkable that in all gasteropoda a shell should be formed previously to the young quitting the chorion, even in genera, where there is no trace of such a covering in the adult. Sarres, a Norwegian naturalist, observed a perfect shell on the embryos of the Triton and Doris, which, like the shell of the Nautilus, is, after a few days, cast off, and there is no such protection in the adult. In the Slug, the shell remains arrested at the embryo form for the rest of life, and protects the heart only. At about the latter end of January and the beginning of February, the phenomena of oviposition may be observed in the Triton and Doris, and they may be kept by frequently changing the sea-water through all their changes.

Cephalopoda.—The highest Mollusca are all dicœcious, as was long since pointed out by Aristotle, who had observed these creatures most attentively. Of the simpler Cephalopoda, living in chambered shells, and possessed of four branchiæ, with only a systemic heart, as in the pearly Nautilus, the female sexual organs have alone been examined. In the higher group, the Dibranchiata, the male organs consist of a large single testis, contained in a distinct cavity formed by the peritoneum, a long and slender vas deferens which dilates in its course, and assumes a glandular character, and two accessory glandular sacs. In the Octapus, an excellent figure has been given of the male generative organs by Cuvier. The testis is of a rounded form, and upon opening its capsule is found to be composed of a number of simple cæcal follicles, attached by one point to the internal surface of the sac. The secretion exudes through the parietes of these follicles, and gradually fills the investing capsule, from which a single vas deferens proceeds, and conveys the seminal fluid; the vas deferens then becomes dilated and glandular, and is soon joined by a large and capacious prostatic sac, somewhat curled at its extremity. Beyond this is another sac, lamellated in its interior, and receiving the seminal secretion; and from the latter is continued an excretory duct, which terminates at the base of a short penis, near the termination of the siphon. Within the capsule of the testis, and during its passage along the vas deferens, the male fluid is composed of minute granules; but after its admission into the last-described sacculus, it is found to contain the spermatozoa.

The spermatozoa were first seen and described by our countryman, Needham, and have since been known by the name of the moving filaments of Needham. From their peculiar structure and form they have been the subject of much inquiry; the sac in which they are found is analogous to a nidamental gland, and undoubtedly provides the external cylindrical covering to these moving bodies. The granules of the seminal secretion undergo some remarkable change during their progress along the vas deferens, so as to be converted into the minute spermazootic filament, which are found in this sacculus of Needham. These moveable filaments must not be regarded as a species of animals distinct from the animal in which they are found; nor can we, indeed, regard them as animals at all, for they cannot be endowed with voluntary powers; and we are aware that motion is no argument in proof of animality, for the same phenomenon has been observed in the sporules of the vegetable kingdom. That they do not exist in the seminal fluid immediately after its secretion is quite evident; it is also clear that they are formed in the sacculus, in which they obtain their external and irritable covering. By a peculiar elastic movement they are enabled to force out the internal portion which contains the minute spermatozoa; and the latter are thus diffused in the circumambient fluid, and are placed in a condition to permeate the clusters of ova of the female.

SCIENTIFIC CONGRESS AT TURIN.

A congress of the scientific men of Italy was held at Turin, in the month of September last. Several medical observations were submitted to the Congress, of which the following are the most worthy of notice.

M. Lignoli, having performed numerous experiments on living animals, combated the received opinion of the regeneration of vessels, nerves, and bone, under the influence of inflammatory action; this doctrine was warmly opposed by several of the members present, and particularly by M. Tommassini.

Dr. Parola read five cases of chronic bronchitis and tubercular phthisis cured by the use of secale cornutum, with the assistance of antiphlogistic remedies. M. Chiappa mentioned the numerous experiments which he had made with this substance during four years; he thought it was a contra-stimulant, analogous to digitalis, but not possessing its influence over the heart. M. Aliprendi rather thought that the ergot of rye was a direct stimulant, while M. Michelis attributed to it an electric action on the contractility of the fibro-membranous canals of the capillaries. Tommassini and other members

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supported the opinion of M. Chiappa, for the following reasons:—

1. The ergot of rye is chiefly useful in cases of hyposthenia.

2. When administered singly in cases which evidently depend on an excess of stimulus, it acts like bloodletting. Dr. Marianini related three cases of tænia successfully treated with alcoholic extract of the pomegranate root.

Dr. Nardo read a paper on the use of oxalic acid in inflammation of mucous membranes. The action of this acid is more marked than that of any other vegetable acid, and in addition it possesses the property of instantly calming the severe pain which frequently accompanies inflammation of the mucous tissues. M. Nardo has chiefly employed the oxalic acid in inflammations of the lining membrane of the mouth, in gastritis and gastro-enteritis; in the aphthous affections of children, and all kinds of ulcers. The formula employed by M. Nardo is:—

Gum arabic emulsion .... 3 ounces;
Oxalic acid ..... 3 to 6 grains;
Raspberry syrup ..... 1 ounce.
A teaspoonful to be taken frequently.

Dr. Polli spoke highly of the efficacy of the bulbous ranunculus in cases of sciatica; he peels the bulb, and applies it to the heel; a blister is soon excited, and the pain becomes intolerable. M. Nardo, also, spoke highly of this method; and M. Freschi said, that for many years he had employed it with benefit at the hospital of Cremona.

M. Cherardi communicated a new method of treating hydrocele; this consists in introducing through the canula a small bit of cotton, impregnated with ammonia; in ten or twenty minutes this excites excessive pain, when it should be removed; adhesive inflammation soon sets in and obliterates the tunica vaginalis. M. Riberi informed the meeting that he had several times succeeded in curing nævus maternus, by piercing the base of the tumor with a needle, and injecting wine into it. He also described an operation for the cure of salivary fistula, which consists in laying open the cheek, then tying the open extremity of the canal, bringing the ends of the ligature into the mouth, and then healing the external surface of the wound by the first intention. —*Journal des Con., from il Observ. Med.*

CORRESPONDENCE.

To the Editor of the 'Medical Times."

SIR,—I shall esteem as a very great favour, your giving as early a contradiction as possible, and in as extended a way, through the columns of the "Medical Times," to an erroneous statement contained in your number for March 12, viz.:—That it was my intention shortly to leave Scotland.

I beg to assure you that there exists not the slightest foundation for such a report: undoubtedly we Scotchmen have a habit of travelling southward, but at the present moment it does appear to me, that the field of anatomical teaching is on quite as respectable a footing, as to emoluments, &c., in Edinburgh, as in London or elsewhere.

For many years past, and, *usually*, nay, *uniformly*, in *October* (just before the opening of the classes), it was the constant practice of interested persons to set such rumours as the above afloat; but as the progress of the month of November, as regularly refuted them, shewing the motives of those with whom they originated, and the stupidity and credulity of those who gave them credit; it has been my practice never to notice them in any way whatever; but having lately received several letters from medical friends in England, requesting me to inform them if there really was any truth in the rumour, seeing that if it were so, their sons and apprentices would, in all likelihood, proceed next winter to London instead of Edinburgh, I have at last been reluctantly obliged to address this note to you.

From the kind and friendly way in which you have ever spoken of me, though perfectly a stranger to you, I feel quite assured that you will, in justice to me, either publish this letter in the "Medical Times," or insert a positive contradiction to the report in one shape or another; more especially as you must now be satisfied of the injury it is likely to cause my interests.—Believe me to be, with great respect, Mr. Editor, your obedient servant, R. KNOX.

Edinburgh, Newington, 24 June, 1841.

ARGUS.—NO. III.

PHYSICIANS' PRESCRIPTIONS IN ENGLISH.

"Argus qui voit tout, avait cent yeux, et deux seulement se fermaient à la fois, pendant que les autres veillaient."—*Encycl. Méthodique.*

To continue our remarks on Mr. Muntz's innovation upon the language of prescription, we have farther to say, that we remember a very popular and astute cure-monger, who flourished for six or seven years at a fashionable watering-place by his worldly plausibility and cunning, or what his Bævii and Mævii called "Humbug." He often said to us, "It is an advantage to a man to be a general practiser if he has *particular* recipe" (for he was an expert recipe-doctor and Therapeist); "or, at least, he should compound and dispense them himself, for if they get known to a professional competitor, as they always do when exposed on a counter, he undervalues them for one motive, and imitates them for another, and both for selfish reasons, until they become common." Now, if a physician does disclose his prescriptions to his patients, who are mostly extremely inquisitive, neither they, nor any human being can connect together two rational ideas of cause and effect in relation to his remedies, from the natural ignorance and darkness of the human mind in respect to all diseases and remedies. But as mystery by secresy raises choice remedies in their opinion, disclosure immediately reduces their value, and lowers and cheapens the physician in their estimation, who is too open in revealing them. They generally form an indifferent opinion, and not a good one, particularly, says Professor Macartney, if the remedy be too simple and obvious; and, if it be new and complex, they know nothing of it, even after they are told; but the public always depreciate, as for 3,000 years they have ever depreciated and deteriorated, the characters of physicians and physic. It is folly for them to cheapen themselves, their practical expedients, and salutary processes, by making all sorts of people as wise as themselves. No one is thanked by those on whom they force gratuitous information which is not asked nor called for. Leave the people to find what they want to know for themselves. It is not only unwise policy for a physician, who cannot keep his own council, to disclose his prescriptions to his patients for his own sake, but also for their sakes. As the relief and cure of disease depends partly on mental impressions of confidence, hope, and faith, in the man, by his medicament, and on the special therapeutical action of his studied agents, it is a disadvantage not only to himself but to his patients, to babble the nature and characters of the disease, or the means he uses. Dr. B., an old dispensary physician, who was established at an Anglo-Welch county town, for twenty-nine years, and died within these last four years, always managed to conceal both, particularly from women. He always turned a deaf ear, and exercised a particular tact and manner of equivocation, to evade direct replies to direct questions about the nature of his cases, and method of treatment, for many reasons. He was a "woman's doctor," and he was the most popular physician among them we ever knew, for *many "woman's reasons,"* as Shakspeare calls them. He was a favourite consultee of the general practisers for *many professional reasons;* he was poor and popular also in the end, for *many reasons*, and he always ordered FOUR identical self-same prescriptions for *all* diseases, without any exception, for *many reasons;* and when the druggists saw his carriage start from the door, and knew his route, they always anticipated what he would order, and made up his prescriptions, for *many reasons.*

If quackery, mystery, and secresy are, as they can be proved to be, so much more gainful on that account than the regular and open practice, and are more than half the art of medicine, we really cannot see by what law a physician is to be compelled to expose what he knows, to exercise no reserve or discretion, to bring himself and prescriptions into cheapness and contempt by notoriety and publicity,—by drawing on himself the trading depreciation and detractions of invidious trading competitors, and other evils. If secresy and mystery are inseparably connected with the principles of the human mind, if the patients set no value on a prescription when they know the disease with which they are affected, and the remedy used in it, and it never does them so much good as when both are concealed from them, and they never think so much of a physician after he has explained himself to them, what is the use of explanation?—"If ignorance is bliss 'tis folly to be wise!" We really cannot see that a physician so informed by his own observation, judgment, and experience is to be blamed for cultivating a proper policy, reserve, and discretion, not bordering on quackery, but keeping within principle in this matter. He has a right to be rewarded for his exertions in a poor, disagreeable, and even hateful, profession, as private practice now goes, in the present temper and circumstances of the English public. For seventeen years, and particularly for the last five years, we have heard the best and most successful practical physicians complaining of their chosen and particular remedies being made known, as we have detailed, and taking into consideration the best means of preventing it.

SIDE-SLIP FOR QUACK'S CORNER,—NO. IV.

"I say, HUM, how fares it with QUACKERY now?
Is it PRIME, it is UP, is it spooney, or HOW?
Tom Moore Travestie.

A QUACK! to feed like fleas on human blood!
Smollet.

THERE is a second description of Irregular Oculist, whom we call the RURAL or PROVINCIAL OCULIST.

It is not the practice of any *respectable* surgeon, such as the Traverses, Greens, or Lawrences, to add "Oculist" to his general denomination; but it is not uncommon for your *ci-devant* druggist, who has taken upon him successively the appellations and duties of Apothecary, Surgeon, and Accoucheur, to post up "Oculist" in addition to these multifarious callings, upon the strength of having passed a few weeks, for an hour a day, at some London Eye Institution. These men are generally then our old friend, the Blue-Bottle-Counter-Druggist-Surgeon. Well done, Blue-Bottle!

"But the strong blue-bottle will force his way,
Spread all his wings, and fly another day:
Fools and the heedless must become his prey!"
Anon.

It is usual for these pretended Oculists, to whose denomination the country people usually attach an aspirated H, to color the common eye-washes and eye-salves, to give them a different appearance from those used by the regular practiser, and medical men in general. But these chaps generally decline operations; but we have known one who cut at a cataract in the eyes of certain poor persons as a "Fine man." We and others have come across many cases of the destructive consequences of RURAL, RUSTIC, or COUNTRY-TOWN Eye-Tinkers interfering with the eye, either directly by injurious applications, or indirectly by keeping the poor foolish patient under false treatment, until the eye was beyond the skill of the most eminent Surgeons in London.

We have seen instances of this nature, under the treatment of a Counter-Druggist-Surgeon and Oculist, who was styled by the common fry of men and women, "One of the first on the eye out of Lunnun!" A child was sent to us by a solicitor, who had had a violent ophthalmia, for which the father stated the said "*H*oculist" had prescribed *pigeon's* eggs "to be eaten every morning fasting," a remedy from the book of some old woman like the Draggist-Doctor. This ophthalmia had followed, naturally enough, an eruption on the scalp, which he had treated by suppression (instead of opposing it through the circulation and constitution) by *local* applications *alone*. In a second case of eruptive affection, the ophthalmia was produced by the same SELF-DUBBED Oculist, by also suppressing an eruption of the scalp. The son of a respectable tradesman, in the same large watering-place, was bled and lowered for Venous Ophthalmia, connected with an extremely debilitated and irritable state of constitution of the scrofulous character, until he was on the verge of the grave, from which he was only saved by Dr. Farr, then an eminent physician in Charter-house-square, who stroked up the boy's arms, exclaiming to his father, "Do these arms, does this want of blood in the vessels, look like the *want* of *starving* and *lowering*?" Dr. Farr recommended an exactly opposite mode of treatment, by which the youth recovered rapidly. My friend Mr. C. called my attention to the case of a lady, Sept. 30, 1830; to whose eye an application had been made by the same sort of Oculist, through which she has been blind ever since. A country gentleman in Sussex, who was a family and visiting connexion of ours, went to a drug-shop with something wrong about his eye, and asked the apprentice or some such person, to do something for it. He dropped in a fluid that destroyed his eye in a moment, and he never saw with that eye again. A case of a girl under similar circumstances, came before us about three years ago. Such are the consequences of applying to SELF-DUBBED OCULISTS, in watering-places and country towns; we could cite two of these, and a city, for notorious specimens. It is not unusual for these SHAM OCULISTS to put forth lengthy advertisements and other indirect puffs, proposing eye institutions, where they come to nothing, and are not needed, if there are general dispensaries or infirmaries; and repeating the common vulgar prejudice that, "The eye is an *extremely sensible!* (whereas it is the very *reverse*) organ, and requires *particular* care." Artists of this species cannot be sufficiently exposed, and ought to be put down by the forthcoming law against Quackery. The next sketch to the Blue-Bottle-Counter-Surgeon-Druggist-Oculist will be a Cobbler-Oculist of the first water

FUSCUS RIGDUM FUNNIDOS.

June 26, 1841.

ST. GEORGE'S HOSPITAL.

IDIOPATHIC TETANUS.

Richard P. Hooker, ætat 45, was admitted, May 28, into St. George's Hospital, labouring under tetanus. He is a spare, though exceedingly muscular man; has enjoyed excellent health, and has been in the habit of living freely. He stated, that during the recent sultry weather he was frequently exposed to cold, from sleeping on damp grass, in the open air, at night: he has received no cut or injury of any kind.

On Tuesday evening, the 25th, he first felt a little stiffness at the back of the neck; on the next day this had increased, and had also extended to the muscles of the jaw, which he was now precluded from using. His bowels were constipated, and other symptoms of tetanus had supervened.

At five, P.M., he was ordered six grains of calomel, to be taken immediately; a turpentine enema; and two ounces of senna mixture, four hours afterwards.

Eleven, P.M. No evacuation; an enema of senna mixture.

29. Twelve, A.M.

℞ *Turpentine*, ℥ij;
Mucilage of acacia, ℥ij;
Allspice water, ℥j. To be taken every four hours. Eighteen leeches to be applied to the abdomen, after a mustard poultice.

30. I saw him for the first time; he is lying on the back, the muscles of which are so rigidly contracted, that he is held perfectly straight, without the power of bending his head or body forward in the slightest degree. Countenance is suffused, presenting a frightful expression of agony, from the spasmodic contraction of the muscles; the angles of the mouth are drawn towards the ears; the lower jaw is fixed; he is perfectly sensible; he is able to protrude the tip of the tongue between the teeth; it is loaded and yellow; skin hot; perspiration profuse; the pulse is not sensibly otherwise than natural; his bowels have been imperfectly relieved by the injection; the urine is high-coloured, but passed freely. The paroxysms come on with very short intermissions, and seem to occasion the most intense suffering: he is never altogether free from pain or rigidity of the muscles. The muscles of respiration being affected, he breathes almost wholly by the diaphragm, but does not complain of much pain at the pit of the stomach. He can swallow nothing but fluids; anything solid, he says, will not go further down than his chest, and induces great pain in the throat. Sixteen leeches to the temples; and six grains of calomel, with one of opium, to be taken immediately.

31. Appears considerably better; answers cheerfully; but the act of speaking induces violent spasmodic contractions not only of the muscles of the face, but of the whole body, and these occasion excessive pain. The abdomen is tense, and he has a little pain in the region of the diaphragm. He was ordered a pill, consisting of

℞ *Calomel*, gr. ij;
Opium, gr. ss;
Tartarised antimony, gr. ½. To be taken every three hours. The turpentine mixture to be omitted.

June 1. Not so well as yesterday; spasms are frequent, violent, and painful; the skin is exceedingly sensitive, touching it appears to induce an immediate paroxysm; the pulse is a little hurried; the bowels costive; urine scanty, deposits a copious precipitate, and now gives him great pain in voiding it. Croton oil was exhibited, and he was ordered a hot bath, in which two drachms of tartarised antimony were dissolved.

Seven, P.M. Repeat the bath, with half an ounce of antimony. The croton oil to be continued, but the calomel pills omitted.

2. Thinks the bath have relieved him: he experienced a slight nausea on coming out. The paroxysms are diminished in frequency; a quantity of frothy mucus is expelled from the mouth; skin hot; perspiration profuse; pain in the pit of the stomach increased; thirst; the pulse is now quick and strong; the heart beats with great force, and by jerks, and this gives him great uneasiness. He lies as if drawn to the right side, but complains of cramps only in the back; the abdomen feels hard and tense; the bowels are costive. Continue the croton oil; and if the bowels be not well moved in two hours, repeat the hot bath, with antimony, and again at night. Beef-tea.

3. Weaker, lying on the left side; his spirits are failing; the action of the heart is not so violent; speaking distresses him greatly; the spasms are not so frequent. He is constantly calling for drink, especially for a little brandy. He gets no relaxation from pain, and no sleep. The bowels are still costive. A little brandy was allowed him. Continue the croton oil every two hours until the bowels be moved. The bath to be repeated, and the following draught to be taken every two hours:—

℞ *Camphor mixture*, ℥iss;
Sulphuric ether, ℥j;
Acetate of morphia, gr. i. M.

4. Risus sardonicus well-marked; spasms not frequent; no rest during the night; pulse rapid, full; bowels have acted freely; cannot speak above a whisper; his strength is evidently failing.

5. One, A.M. He died exhausted.

Sectio Cadaveris Twelve Hours after Death.

The rigidity of the muscles is still observable; the gastrocnemii are drawn up towards the hams.

Brain vascular, but exhibited nothing approaching to a morbid condition: *spinal marrow* was healthy; nothing unusual was detected in their investments.

Glottis, *larynx*, and *trachea*, presented nothing remarkable.

Lungs were much congested, and the bronchial tubes were filled with frothy mucus.

Heart. There was marked hypertrophy of the ventricles.

Stomach was coated by a considerable quantity of a yellowish-brown viscid mucus, some of the *rugæ* were remarkably prominent; there was some punctiform inflammation at the pyloric extremity.

Intestines were not examined.

I may, perhaps, be excused for making a few brief remarks upon this case.

The symptoms detailed are not different from those usually described; but owing to the protracted nature of the case, the fatal termination may be said to have ensued rather from exhaustion, than from the reiterated occurrence and increasing violence of the paroxysms which are observed to carry off the patient in *traumatic* tetanus.

With regard to the post-mortem appearances, this case is but a repetition of the many which have been recorded, wherein no lesion of the nervous system could be detected. Indeed, it would appear that the pathology of this disease should be sought for in the field of physiology rather than of anatomy. May it not resemble epilepsy and chorea, in which we remark the most obvious perversion of the function of the voluntary nerves, without being able to discover the slightest lesion in the central organs whereto we may ascribe the disease? May not these effects be dependent on some property of nervous matter, unconnected with any alteration of structure, in the same way as the exercise of the healthy functions of the nerves implies no change in the brain or spinal-marrow, which can be revealed to our senses? Why, then, do we seek for evidence of that which is past and gone, without leaving a trace behind?

The tenacious mucus lining the stomach has frequently been observed in tetanic and hydrophobic patients. Is it connected with the disease itself, or induced by the irritation of the drastic purgatives administered? At any rate, when once formed, it must tend to prevent the action of medicines on the stomach, and to render their exhibition by the mouth injurious.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXV.—THE CLAMART AND THE QUARTIER LATIN.

A FEW days passed away in the ordinary routine of sight-seeing; and when they had visited Père-la-Chaise and Notre-Dame, with the other objects of interest that form the chief attractions to the traveller on his first visit to Paris, Swubs and Okes began to think about work, under the superintendence of Huggles, whom they found exceedingly useful, and up to everything, whether it concerned the distribution of bodies in a dissecting-room, or the price of bottled beer and Rheims biscuits at a *guinguette* outside the barriers. It had been their intention, when they left London, to enter for their anatomical studies at the Ecole Pratique, but a visit here soon changed their minds. The rooms were ill-planned, close and almost suffocating, with the additional disadvantages of being extremely damp and badly supplied with subjects; its proximity to the Ecole de Médecine was its only counterbalance.

"What a strange lot the French students are!" observed Swubs, as they turned out of the noisome building in question, into the street.

Any one else, with far less powers of observation than our friends, would have made the same remark, had they witnessed the hundred odd beings, who had just turned out from lecture, and were loitering in the open space between the portals of the Ecole de Médecine, and the Café Dupuytren. Some wore their hair flowing down their backs, almost as long as a woman's; others had it cropped quite close, and covered by a flat cap of bright scarlet without a poke:—these cultivated their mustachios until they grew like

pent-houses over their lips; those allowed their beards to reign on their chins in unshorn triumph, after the fashion of a legitimate old-clothes man. The majority wore trowsers of a dingy grey, coming low over the boot, and coats with half-inch collars, similar in style to the apparel of the dirty foreigners who throng at this time of the year in Leicester-square, and the streets going out of the Quadrant, with the exception that the students were, to do them justice, tolerably clean, and in some cases almost dandified, each claiming to rank under the denomination of the vulgate definition of an aneurism.

The spot where Swubs, Okes, and Huggles now stood, and the streets they were about to traverse in their way to the *Clamart* (the best dissecting school in Paris), were situated in a locality so intimately connected with the medical schools, and many of the scenes I am about to describe, that it deserves an especial notice. Situated, then, on the unfashionable side of the Seine, in the same relation to Paris as the Borough is to London, in that part of the city marked by the map as the eleventh *arrondissement*, and comprising in its limits the Rue St. Jaeques, the Rue de la Harpe, the Rue l'Ecole de Médecine, and a crowd of little dirty streets, so insignificant, that few know of their existence besides the man who engraves the maps of Paris in question, is the *Quartier Latin*. It is a part of the city little understood by the mere English visitor. They approach its boundaries when they visit the Luxembourg, and penetrate into its very heart at the Pantheon and Sorbonne; but beyond this, they know no more of it than the west-end exquisite does of Aldgate pump. And yet there are many things, too, worth seeing there, and one half of the promoters of the real fun and gaiety of Paris reside within its limits. Nor is idle sport the only matter of interest to be found there. For the student, there is the Sorbonne and its quiet walls, the Ecole de Médecine, and the institutions attached to, or dependant on them: for the mere sight-seeker, there is the Pantheon, with its ambitious monuments and gloomy vaults, that even the torch starting from the tomb of Jean Jacques Rousseau cannot illumine: for the antiquary, the remains of the Roman baths in the Rue de la Harpe, with their curiously-suspended floors: and for everybody, the venerable and highly interesting Hotel de Cluny, with its ancient architecture of the *moyen âge* of France, its still bright armour, its curiously-fashioned windows, breaking the sunbeams into a hundred different forms upon its polished oaken boards, and its domestic relics of other days, recalling, with such mute and affecting eloquence, shadowy imaginations of their owners, whose very names have now passed away.

But it is not about all these edifices I wish to talk—the Quartier Latin derives its interest from other sources, doubtless more congenial to the taste of my readers—from the present instead of the past. In a word, it is the abode, the *hive* perhaps would be a better term, were it not for the ideas of industry connected with that straw tenement of nearly all the students of law and medicine in Paris.

And it is very lucky that the medical students of Paris have a *quartier* to themselves,—if it were not so, the walls of the city would not contain them,—to say nothing of the iron gates at the barriers. And yet their fun is peculiar; they do indulge in the lamp-breaking, knocker-stealing, half-and-half lushing, sign-destroying pranks of the English: but at public balls and fêtes, billiards, dominos, and the Carnival, they shine pre-eminent. Look at those three coming down the Rue l'Ecole de Médecine, arm-in-arm, who have now attracted the attention of Okes and Swubs as they stand in front of Baillière's library. They are well dressed in their way, but appear to hold hats in sovereign contempt; caps are the reigning fashion in the Quartier Latin. One has a red waistcoat and lavender pantaloons: another has a light blue cap worn on the back of his head and bagging down behind; and the third has a garment something between a blouse and a shooting jacket, denominated a *paletot*. All have pipes in their mouths, which they doggedly keep there, removing them only to address some bright-eyed little *grisette*, who happens to pass at the moment. Their long hair is well arranged (for they take out *cachets* with M. Etienne, in the same street, "*pour la coiffure ou la barbe*," at the rate of four sous a ticket) and they all wear mustachios, which meet their pointed beards like the old pictures of Hampton Court and Windsor Castle. They are going to the Café Dupuytren for a glass of *absinthe* to sharpen their appetite, and then they will probably meet Swubs and his friends at Viot's for dinner.

But it is not only the students of Paris that favour the Quartier Latin with their patronage—the *grisettes* have likewise made it their home. And what is a grisette? I will make Mr. Huggles speak for me, in answer to the same question just put to him by Okes. Do you see that little girl whom the student just bowed to—she is a grisette. She is about eighteen, small figure, but perfectly shaped, with dark eyes, brown hair, and tolerably small feet. Her dress consists of a dark gown, fitting tight at the arms from the shoulder to the wrist, in the style of Louis XV., which is now the fashion with our own dear English girls; a striped shawl put on in a style which only a Parisian female can accomplish; a little apron with pockets, and a stylish, but common, black net cap with crimson ribbons. She carries a little square basket, or *cabat*, and an umbrella, and although the streets are very dirty, there is not a splash on her neat *chaussure*. She is a *brocheuse*, i. e. she makes up the paper-covered French books, and her pay is thirty sous a day. She works hard all the week, and goes to the balls at the barriers on Sundays, Mondays, and Thursdays, in the evening, when she displays a smarter dress than in common, and has, moreover, a pair of black silk mittens. How all this is done out of thirty sous a day you must not ask—it his her business, not yours; but you will meet them in the markets during the morning, buying certainly more provisions than would suffice for their own meals; and you will see them walking in the gardens of the Luxembourg, with students whose *ménage* you have always thought particularly neat and well arranged. Perhaps these young housekeepers look after other domestic economy besides their own. It is not improbable, and they are moreover very attractive, those little grisettes; "*elles sont si fraîches, si gentilles*" as Paul de Kock says (and he is a great authority upon these points), and they waltz delightfully, to make no mention of galops and quadrilles.

But these are not the only characteristics of the Quartier Latin. It is a great resort of *Marchands d'habits*, or old-clothes men, as we impolitely term them in England. One would think they must be in the habit of transacting a considerable share of business with the medical students, as they possess an astonishing predilection for the streets about the Ecole de Médecine and Pantheon; and the garments they carry are certainly not of that peculiarly threadbare and ragged fashion which we see in England. Then there are perambulating sellers of almost everything at a certain price, and a strange collection of articles their long barrows present, all of which may be purchased for five sous each. Plates, knives, whips, decanters, whistles, pins, brushes, lucifers, brooches, looking-glasses, almanacks, pencils—in fact an endless variety of wares. It is needless to add, that all are of inferior manufacture, or more or less damaged; but they do for the housekeepers of the Quartier Latin.

The shops of this part of the world are generally in keeping with the inhabitants. It is true that Swubs and Okes wondered why the devil there were so many stores for little jean boots and net gloves so near the Musée Dupuytren and dissecting-rooms attached, but that was during their early days at Paris, when everything was a source of wonder,—they were not at all astonished at the circumstance afterwards. Nevertheless, there are many shops for such gear, in spite of the dreary locality, and these are only exceeded by hairdressers at fifty centimes (five pence), and tobacco shops, whose windows display a dazzling array of bowls and sticks for pipes, in all possible shapes and forms, generally, however, bearing the image of a Turk's head, with glass eyes let into the clay, so that when the pipe is "*bien culottée*," *i. e.* blackened by constant smoking (an operation of which the students are immensely fond), the head looks very fierce and imposing with its white eyeballs. Cheap restaurateurs also abound here, the principal of whom, Viot, we visited in a previous chapter. If you prefer feeding at home, you can purchase cold fowls and cutlets in some of the shops, and sausages of every manufacture in the world. Lodgings are also to be obtained at cheap rates at the Quartier Latin, the price diminishing from thirty to ten francs a month as you ascend the stairs, or, to apply chemical language to it, as Turner speaks of the radiation of caloric, "in inverse proportion to the square of the distance" from the street door. The rooms are always the same in appearance, except when they are in the *mansarde*, or garret, where of course the roof always slopes. A tiled floor, a French bed, a good looking-glass, with drawers, secretary, and table, all furnished with dark marble slabs, and sometimes a vase of artificial flowers on the mantelpiece, or an alabaster clock with a gilt dial, that don't go. From this picture all the rest may be imagined, for they are all alike, except that in winter a stove is added, being a curious compound of iron and crockery ware, with a tin chimney. The inhabitants of these rooms are useful fellows. They can cook beef-steaks over small earthenware furnaces; they can also boil peas, make omelettes, and fry potatoes, when pecuniary embarrassments compel them to dine at home,—a circumstance of not at all unfrequent occurrence with the students of the Quartier Latin. In fine, it is a little world of its own creating,—a spirit of *laisser-aller*, and independence reigns in it, and you can walk about all day in a cap and blouse without being stared at.

Through the heart of this important portion of Paris our friends now passed, and leaving the Ecole Pratique, turned their steps eastward towards the Clamart. Pleased with the appearance of the place, they entered

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their names immediately, and next morning commenced their dissections. A description of the building and its regulations, I reserv for the succeeding chapter. ROCKET.

(To be continued)

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members, on Friday, June 25th, 1841.—James Teasdale Brumwell, Thomas Bodkin, John Wilson Croker Pennell, Philip Lavery, Augustus Fuller, John Johnston, William Burdett Sellers, George Faris Harpur.

Admitted Monday, June 28th, 1841.—George Harvey Williams, Henry Brown Greene, George Canney, Joseph Harrison, James Lithgow, Thomas Browne Anstie, Samuel Beecroft, Samuel John Boulter, Richard Sharpe.

TO CORRESPONDENTS.

COMPETITION AND MEDICAL STATISTICS.—*In our article in the "Medical Times," June 26, No. 92, we presumed on a general computation of Medical Men, supposing the population in 1834 to have been 14,000,000, as no doubt it was, amounting to one professional person to every 700 people. To show one example of the accuracy of this guess, the population of the town of Monmouth, by the present census of 1841, almost the first returned, is:—*

1. *Males, 2,666; Females, 3,065; Total, 5,731.*
2. *The total divided by 9 practisers; viz., 3 Physicians, and 6 General Practitioners, gives 636.99 population to each practiser, but the population of the neighbourhood is not included. One Physician is about to leave, another has next to nothing to do a third not one-fourth enough, three of the Genera' Practitioners are waiting, and none are overloaded The town and neighbourhood are poor but respectable*

THE MEDICAL TIMES.

SKETCHES OF BRITISH COLLEGES AND CORPORATIONS OF MEDICINE AND SURGERY.

NO. XI.—PRELIMINARY OBSERVATIONS.

"Carthago delenda est!"—Set your houses in order.

As it is the Corporations of Medicine and Surgery who wish to maintain the system of the PURES, they are tenacious and sensitive in the highest degree of preserving their authority and government as it is. They impute various objections to any change, and prognosticate many dire results of change; in fact, they refuse to co-operate with the Reformers in all the fundamental changes proposed by the latter, and unless there are mutual concessions, there is no prospect of their harmony or agreement.

In pushing the fundamental movements of Reform, we have then two most material points to guard against:—first is the OVER reforming of the old Corporations, for we, as much as our opponents, can admire God's wisdom in our old Reformers, who proceeded moderately in matters of great consequence; holding, that to reform all at once, is the ready way to reform nothing at all, and that new wine must be gently poured into old bottles, lest the strength of the liquor, advantaged with the violence of the infusion, break the vessel; and we can discern questions to the full as well as the Anti-Reformers, in which this maxim requires to be acted upon. Nor is it less manifest that all attempts to produce perfection in human institutions have ever failed, and ended in the building up of Babels. At the same time, in forming new Institutions, we must not change from bad to worse; we must remember how the Frogs prayed to Jupiter to dethrone King Log, who sent them King Stork, that devoured them all!

Dr. Forbes, Physician in ordinary to her Majesty's household, and Physician extraordinary to His Royal Highness Prince Albert, since February, 1841, and editor of a Quarterly Medical Review, of no practical or useful character, in which none of the learned pundits seem to have ever needed the Vicar of Kilmarnock's prayer, "O Lord, vouchsafe to gee us a gude conceit of oursels!" and to be deeply dipped in the flattering, but deceitful waters of that genuine egotism, so characteristic of the profession individually and collectively, has proposed that the first Senate (if any) of the Incorporated Profession, in an executive body, shall be chosen by the CROWN. Does not Dr. Forbes know that the Crown in England has often been directed by the worst principles of patronage, interest, favouritism, and monopoly and that all appointments of honour or emolument have flowed in particular lines of interest among a few persons who play into each other's hands, exchanging money and influence from one hand to another, to get this and fill that, excluding all others of more meritorious, but less direct and golden pretensions? Have GENIUS, TALENT and SKILL met with anything but cold receptions and cold refusals in all the last English Courts? Have we not then a right to be timid and jealous of the appointments of the Crown and the Crown's interference with us? What was the Royal Commission that was sent to Scotland in 1827, and what did the Quarterly Review *even* say of it? "It was barefaced patronage. There was not a qualified or scientific man in it!!!" It is true in France that the Crown, or rather the Interior Department, is checked by the CONCOURS and therein a NATIONAL REPRESENTATION of the PROFESSION; and, so checked since the fall of the first line of the Bourbons, it has acted worthily. But is not France more liberal, free and enlightened, than every other country in the world in her Medical Institutions? Is she not before us in the Medical Sciences, and more open to genius, talent, and skill in all her appointments? Is she not exempt from the prejudice and monopoly of aristocracy and timocracy?*

In fact, as Reformers, we should prefer a Representative Council, elected by the Incorporated Body of Medical Reformers, to the suspicious and doubtful nominees of the Crown. The profession would elect the best men; but the Crown would, in all probability, elect the creatures and corruptionists of aristocratic patronage, and bring a set of men *en mauvaise odeur* into the government of the profession, whose cupidity and ambition might have a most injurious result in every respect; but we admit Dr. Forbes's proposition is not to this foolish extent. He says: "The Senate, or Deliberative Body, should be elected, by the Crown, from *persons proposed by such authorities as agreed on (what authorities? who by?)*, as the existing universities, the medical and legal professions, but *eventually* by its own graduates (*See Lancet*, p. 829, *Mar.* 6, 1841), which appears to contain some check upon the simple will of the CROWN. The Crown is a sleeping lion. We must beware how we rouse an animal of so much fixed indefinite power of willing and doing. Our fear, at all events, is, that "the same rose by another name, would smell as sweet" as the old corporations. A council or senate, or any other body, once elected by the Crown, would be liable to usurp supreme power, to produce all the evils we have experienced from the corporations, which have had charter as liberal as the wind from the Crown; for we have never trusted but we have been betrayed! No, it is our policy to legislate, if possible, for ourselves, on the representative basis. It is not to be supposed that a mere change of men, without a change of measures, will correct the inveterate evils we have endured. We certainly commend the Reformers to adopt the first principle of the British Political Constitution, to the Constitution of our New Medical Polity, which is the RIGHT OF REPRESENTATION, in conjunction with TAXATION, the RIGHT not to be taxed with our own consent, except through the medium of our representatives. Here we take our station upon an impregnable rock. If the Medical Profession becomes chargeable with a Registration Tax, or any other tax or charge, it has a perfect right to demand, not solicit, a representation. True principles in political or medical legislation, are like mountains and valleys, which continue stable and fixed; but false principles are like flitting sands, driven and bolted by the winds, and for ever moved and shifted, so that the traveller finds a chasm, where he left a hill. It is founded on the eternal laws of reason, and springs from the depths of Nature herself, that every man ought to have a voice in the making of the laws which he is obliged to obey, and of taxes which he is compelled to pay. This principle which was imperfectly recognised in the rude assemblages of our Saxon ancestors, called Micklegemotes and Saxongemotes, and originated so far back as our First Edward. (*See Sharen Turner's History of the Anglo-Saxons.*) From that epoch, Englishmen never lost sight of it. In peace or war, under weak or wicked kings, or in slavish and tumultuous times, it has been their unremitted claim. Under the Tudors, Englishmen gave up some of their most precious privileges, and unresistingly submitted their necks to the axe of tyrants, but never renounced the RIGHT of SELF-TAXATION. It was in defence of this right they have shed rivers of blood, that they punished and dethroned kings. It was this right for which Hampden and his countrymen, under the Stuarts, opposed loans, benevolences, and ship-money. It was for this right that THREE MILLIONS in America "preferred poverty to gilded chains, and sordid affluence."

* In the first number of Longman's "Gardener's Magazine," there is a recent and admirable comparison of the superior improvements of France over England in very many respects, during the last eleven years.

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It is the most sacred prerogative of the people, and is at once both the instrument and rampart of their liberty! It is the only barrier which can ever limit despotism. The innovation which strips a people of this privilege, condemns them to oppression, and renders the *funds* raised for *their security subservient to their ruin*, a position which has been fully verified in the *last eighty years of our political history*. It was from the firm unchangeable resolve of the people of Great Britain, in 1831—32, to possess this right fully, fairly, and freely, that they have driven a host of pilfering jackdaws, moping owls, mousing hawks, and inferior birds of prey from the ruins of their ancient and dismantled fortresses, and rased the rubbish to the ground.—We trust they will never rest from their efforts until they have carted away the carcase of every close and SELF-ELECTED BODY, and extended the REPRESENTATIVE SYSTEM into every CIVIL INSTITUTION of the country, that calls for RATE OR TAX IN ANY SHAPE from their pockets. And we hope the medical profession will triumph in the acquisition of this right, and not be vacillating and undecided in claiming it.

We are neither setters-forth of strange doctrines, nor pullers down of strongholds, but we seek to amend and improve what Time has changed, and the selfish exclusive passions of man made worse.

Providence has permitted Reformers heretofore to be given by bigots and intolerants to the fowls of the air, and their remains to beasts, but all this has not stopped the progress of rational reformation, nor will prevent it in these brighter days. We shall be glad to see that time arrive, when, under judgment and reason, without passion or violence, we shall behold our external polity of medicine so reformed from *without*, that we may suffer no longer from the oligarchical domination monopoly, self-election, self-legislation, and irresponsibility of privileged classes, their exclusive and mercenary divisions, and the heart-burnings which they cause in the breasts of men. We hope to see the time arrive when the learned and honourable profession of medicine may be so reformed legislatively *without* and self-reformed *within*, that its present misanthropic and embittered feelings may be controlled, and its cannibal and cut-throat spirit of competition be subdued. We wish oil to be thrown upon the waves of selfishness, envy, and prejudice. We wish for the time to come when the wolf may lie down with the lamb, the leopard with the kid, and the young child play with the sepent of Esculapius. Let us be imitators of the

"Virtus Scipiadæ, et mitis sapientia Lælii."

"The virtue of Scipio, and the mild wisdom of Lælius."

Let us, in the meanwhile, prefer mild and conciliating to harsh and violent measures; let us not lift our voices in the street, nor make use of contention, but hand-in-hand act unanimously, but firmly, to achieve our end, so as to spare the shaking reed, and cherish the heat which remains in the smoking flax.

THE EFFECTS OF SCARCE AND HIGH-PRICED CORN AND PROVISIONS ON NATIONAL MORTALITY, ETC.

"Agmine facto
Debuerant olim Tenues migrasse QUIRITES.
HAUD FACILE EMERGUNT, quorum virtutibus obstat.
RES ANGUSTÆ DOMI, sed Romæ durior illis
Conatus: magno hospitium miserabile, magno
Servorum ventres, et frugi cenula magno."
Juvenal by Lubinus, Sat. iii. l. 165, et seq.

"How poor the privilege is become
Of being born a Citizen of Rome!
Look around the world, what country will appear,
Where friends are left with greater ease than here?
Look round the habitable globe, how few
Know their own good, or knowing it pursue.
THE POOR *were wise who by the* RICH *oppress'd,*
Withdrew and *sought a sacred place of rest.*
Once they did well to free themselves from scorns,
But *had done better never to return.*
Rarely they rise by virtue's aid, who lie
Plunged in the depths of helpless poverty.
The POOR must gain their bread by perjury;
And e'en the Gods that other means deny,
In conscience must absolve 'em, when they lie."
Juvenal translated by Dryden, Sat. iii.

THE laws of population, competition, hygiene, or the protection of public health, and the prices of provisions, are subjects that come within the legitimate scope and province of the physician of expanded mind and extensive learning. In Professor Alison's little work on the "State of the Poor in Scotland," we have the example of a very profound and skilful physician taking part in these subjects; and in Dr. Bisset Hawkins and others, we have like instances.

In connection with vital statistics, the editorial writer of the leading articles in this Journal, wrote to Chas. Villiers, Esq., M.P., the eloquent and forcible Anti-Corn Law opponent of the English oligarchs and monopolists, and communicated the following facts respecting the dangerous results of scarcity and high prices of Corn, with low wages, for fluctuating and uncertain employment, and reduced profits in clothing and manufactured goods;—indeed, in everything except provisions, and the absolute necessaries of life, which are extravagantly high, in proportion to the means of the people, and getting higher.

The average annual mortality of the English population, sick and well, and altogether, as we derive it from the valuable information in Mr. Farr's "British Medical Almanac," of 1837, is calculated, by our more eminent and correct statists, viz., Mr. Edmunds, the author of the "Life Tables," at 1 in 47.2, also 1 in 49, and at 2.12 in 100. Mr. Rickman, the Statician of the Census, or Population Returns of 1811—21, estimates the mortality at 1 in 58. Dr. Bisset Hawkins states at 1 in 60. The annual mortality among the prisoners of war in 1813, was 1 in 55. At Gibraltar, the mortality of the garrison, with every security from medical police and hygiene, was 1 in 48 men in private life. The profoundly learned Dr. Thos. Young, with whom we were acquainted many years during his summer sojourn at Worthing, in early life, states, from a very high authority, in his work on "Medical Education and Bibliography," that 1 dies yearly out of every 70 born at the same time, which we have found very nearly confirmed, by noting the deaths of the clergy, the lists of admirals and generals, for friends of ours, who were awaiting vacancies by casualty or natural death. But Dr. Bisset Hawkins brings forward this remarkable exception to the annual average mortality in stating, under "MEDICAL STATISTICS in the 'Cyclopædia of Medicine,'" that though the average mortality was 1 in 41 in 1801, it rose so high in 1817, as 1 in 17, a YEAR of SCARCE and DEAR CORN. In that year, the average price we find, by Dr. Maculloch's tables, was 94*s.* per quarter. The quantities imported were foreign, 1,033,934; colonial, 30,100; total, 1,064,031; entered for home consumption, 1,053,942. This was the highest quotation of the last twenty-four years. It is therefore conclusive, that years of DEAR and SCARCE CORN greatly increase the national mortality; though the farmer tells us, with an air of authority, that man does not live by bread alone; but we say, bread is the staff of life! These facts furnish an additional and powerful argument against our INIQUITOUS CORN LAWS!!! So that, taking the annual average mortality at 1 in 58, the same mortality is raised by DEAR OR SCARCE CORN to 4.15 in 58 persons, or 1 in 17. Dr. Bisset Hawkins lays it down as a first principle, that the mortality of this country has diminished in nearly the same degree in which English prosperity has gradually increased; and *vice versa*.

Here then is the fact staring us in the face, and speaking trumpet-tongued to the illiberal oligarchs and sordid monopolists, and their dependant relations, the "POOR GENTEEL GENTRY," as 'Squire Ruggles * calls them, who live at the expense of the public pocket, by an exaction and impost of the nature of a private and personal protection, and not a government-tax. Have we not the conviction of the truth, that the people are starved or half-poisoned in years of dear and scarce Corn; or, at all events, dispatched at the rate of 1 in 17, by the landowners and monopolists, to keep up their exacting and exorbitant rents, pay their mortgages, private debts, and other pecuniary incumbrances.

(To be continued.)

UNIVERSITY COLLEGE HOSPITAL.

PIN-SWALLOWING.—ULCERATION OF THE GLOTTIS.—TRACHEOTOMY

A. M., a thin, bony-looking woman, aged 44, was admitted Feb. 10th, under the care of Mr. Liston. She looks older than her stated age. She is a washerwoman. About ten months since, whilst washing some linen, she found two pins, which she put into her mouth. In a few minutes, being engaged in talking, she forgot the pins, and suddenly swallowed them. She tried, ineffectually, to get them back again. She thinks that both pins went down.

Since that time she has been subject to a very troublesome cough, with irritation about the windpipe, and expectoration. She applied to a medical man, who recommended her to go into an hospital; but she still continued her usual occupations. About three weeks ago she coughed up a quantity of dirty yellow and greenish matter, in which she found one of the lost pins; rough, black, and partly corroded. Last week she applied at this hospital, and saw Mr. Liston, who recommended her to become an inpatient.

Present Symptoms.—Respiration is difficult and hurried, and is accompanied with a loud wheezing noise in the throat; the mouth is kept open; the muscles of the neck are tense, and in almost constant action; the countenance is anxious; the lips livid; and the cheeks pale and sunken. The patient cannot lie down, as the painful increase in the difficulty of breathing almost instantly forces her to rise again. At night she is obliged to be propped up with pillows, and even then her sleep is much disturbed; and she frequently wakes with a start, feeling "as though she were going to be choked." She has occasional fits of coughing, which cause her to gasp for breath in a most distressing manner, and with a roaring sound of inspiration: very little thick mucus is expectorated in general: she eats and drinks very little, as swallowing is rather painful,

* Thos. Ruggles, Esq., F.A.S., one of his Majesty's Justices of Peace (and no *Shallow*) in Essex and Sussex, wrote a "History of the Poor," 2 vols. 8vo. 1793. Cobbett in p. ii. of his "History of the Reformation," has given an amusing account of his battle with the parsons, about his showing and proving that a third of the tithes belonged to the poor.

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and always increases the distress of the patient, by interrupting respiration. On examining the throat, some thickening without any particular tenderness, was evident about the upper part of the larynx; and on passing the forefinger over the base of the tongue, Mr. Liston found that the epiglottis was nearly destroyed by ulceration, and the parts around felt hard and rough, as if extensively ulcerated. Patient speaks in a low whisper. Mr. Liston proposed tracheotomy, as the only means likely to relieve the breathing, and give any chance to remedies applied with the view of stopping ulceration, and healing the sores already formed. The patient, however, would not give her consent to the operation.

Feb. 17. Last night the patient had a severe attack of coughing, which threatened suffocation. She is so frightened by it, that she readily consents to any operation likely to relieve her. Mr. Liston commenced by making an incision about one and a half inches long in the median line of the neck, and commencing a little below the cricoid cartilage. (The patient was seated in a chair, with her head held steady by an assistant.)

Two or three strokes of the scalpel exposed the trachea to a considerable depth, without wounding any vessel of consequence. Mr. Liston then took an opportunity of the larynx being drawn upwards by the action of the muscles, to enter the knife into the trachea and cut upwards, so as to divide two or three of the cartilaginous rings. In doing this, he held the scalpel lightly, with the point directed somewhat upwards, and the back of the blade towards the vertebral column.

Immediately that this was done, the air began to rush violently in and out of the wound, and the patient tossed her arms about in a state of great alarm. Her head was then held forward, so as to allow the blood to trickle out of the wound instead of passing into the trachea, and she was allowed a few minutes to recover from her alarm. A silver canula, rather larger at the external than the internal opening, and curved gradually downwards, was introduced into the trachea, and secured by two tapes passed through rings on each side of the external opening, and tied behind the neck. She was then put to bed, with the head and shoulders slightly raised.

18. Passed a tolerably comfortable night. Breathing much relieved, chiefly performed through the canula, though stil somewhat through the mouth, which she habitually keeps open. Occasional cough and expectoration of thick frothy mucus, tinged with blood. Pulse 98, steady, compressible.

19. Yesterday afternoon, took some tea and two pieces of toast and butter; at first she would not swallow the latter, but after two or three attempts she found she could do so with tolerable ease: slept somewhat better last night, but is still rather restless; surface a little cold. The canula requires to be cleared frequently from the tenacious frothy mucus, which is expectorated with difficulty. To have the following draught every three hours:—one-third of a grain of muriate of morphia, twenty-five minims of aromatic spirits of ammonia, half a drachm of sweet spirits of nitre, and an ounce of camphor mixture.

20. During the night she became very low; pulse weak, 42; great difficulty in expectorating the mucus. Beef-tea given frequently, and the medicine every two or three hours. Towards the morning she seemed to revive a little, and had some good sleep; her bowels have not been opened since the day of the operation. To have a table-spoonful of castor oil directly; beef-tea and arrow-root, with tea and bread.

21. About five o'clock this morning she had a very severe attack of coughing, and she again appeared much weaker, so that she got rid of the mucus with the greatest difficulty; pulse now about 90, rather weak, respiration 16 in the minute; no pain or inconvenience about the chest; bowels open.

24. There is considerable irritation about the wound, consequent upon the drying of the mucus round the edge of the canula. This was accordingly removed this morning, and a clean one introduced, without any difficulty. The patient found much relief from this; in other respects continues much the same; expectoration rather more opake.

28. Better; is now in good spirits, and sleeps and eats well: she can now make herself pretty well understood by a faint kind of whisper.

March 3. Some slight symptoms of bronchitis. This was treated and relieved by small doses of ipecacuanha wine, spirits of nitre and mucilage.

17. Has been doing well since last report; to-day she was ordered a lotion, containing ten grains of nitrate of silver, and two and a half ounces of distilled water, to be applied, by means of a sponge affixed to the end of a small flexible wire to the top of the windpipe, every other morning. She was ordered, also, the following powder, every six hours:—two grains of calomel, half a grain of ipecacuanha powder, and five grains of compound tragacanth powder, in consequence of the fits of coughing having become troublesome.

24. As her mouth was rather sore the powders were discontinued, and she took decoction of senega: a blister was also applied to the chest.

29. Cough nearly gone; has very bitter expectoration; is very restless at night. To have a pill, consisting of two grains of powdered ipecacuanha, and three and a half grains of extract of hemlock, every night at bedtime. The nitrate of silver in the lotion to be reduced to half a grain to the ounce of water.

31. The canula was taken out to day, and ordered to be replaced again, should difficulty of breathing come on.

April 1. No inconvenience from the removal of the tube; on the contrary, she felt rather better without it last night.

2. Last night difficulty of breathing came on, and this morning her breathing is laborious, and her countenance anxious, owing to a partial closure of the external aperture. Another and a smaller tube was now inserted. She is very low and the bowels are much relaxed. To have five grains of sesquicarbonate of ammonia, a scruple of aromatic confection, and an ounce of camphor mixture, every four hours, until the bowels are quieted.

3. Diarrhœa nearly ceased: had three violent fits of coughing last night.

8. Complains of cough, and want of sleep at night: feels something like a pin pricking the root of the tongue. The glottis was examined by the mouth, and with a probe through the opening in the trachea, but no foreign body could be discovered: says that when she swallows liquids a portion of them passes into the trachea.

9. Nitrate of silver was used in the proportion of two grains to the ounce of water.

May 5. Continued improving up to this period, and she now feels comfortable about the air-passages. Some portion of the liquids swallowed still gets into the trachea.

June 15. Shows herself occasionally at the hospital; she still wears the tube, but can speak in a whisper; her general health is very good.

CASE OF ABSENCE OF THE UTERUS.

By E. P. BENNET, M.D. of Danbury, Connecticut.

In December, 1833, I was called upon to prescribe for Miss ———, a young lady of about eighteen years of age, for retention of the catamenia. She had suffered regularly every month, for the last two years, the usual symptoms of indisposition attendant upon menstruation. She was well-formed, of good stature, with well-developed breasts. I prescribed for a length of time the usual remedies in such cases, but, contrary to my expectations, without the least benefit. Her general health was improved, but the menses did not appear. The obstinacy of the case led me to suspect organic obstruction. I mentioned this to her friends, and proposed an examination, to which she finally consented. The external organs of generation were perfectly developed in every respect, and perfectly natural. Upon introducing my finger into the vagina, I found that this canal terminated in a cul-de-sac, at the distance of two inches from the os externum. It did not appear like a membrane stretched across this canal, but like a complete obliteration of it. There was no indication of any accumulation of menstrual fluid behind it, although there was a slight enlargement of the abdomen. I introduced a common lancet into this substance the length of the blade, but it penetrated into no cavity; the hæmorrhage was considerable, and as I had had no experience in such cases, I desisted from doing anything more. Soon after this my patient married, and I lost sight of her for several years. In August, 1840, she again applied to me for relief. She stated that she had enjoyed poor health generally, but occasionally she had had *monthly periodical discharges of blood per anum*, which relieved her, but of late they had entirely ceased. I examined her again, and found her in exactly the same condition as before marriage, only the finger could be introduced a little farther by carrying the obstruction before it. I then introduced a finger into the rectum, and a silver catheter into the bladder, and searched for a uterus, but could detect nothing of the kind, my finger coming in contact with the catheter, as in the male subject. In consequence of the discharges from the rectum, I thought there might possibly be a communication between the uterus and rectum, but I could detect none. I accordingly concluded that the uterus did not exist, and that the development of the external organs and breasts, and the presence of venereal desires, were produced by the ovaries alone. I stated to her and her husband my views of her situation, explaining the dangers, difficulties, and the uncertainty of an operation, and dissuaded her from having anything done. In a few days her husband called upon me and said that she was resolved upon an operation, be the consequences what they might. In compliance with her earnest desire, but contrary to my own judgment, I proceeded to operate, assisted by my kind and judicious friend, Dr. A. L. Williams, of Brookfield. I placed her upon the edge of a bed, with her feet upon two chairs, her knees supported by assistants. I then introduced a silver speculum of three-fourths of an inch diameter with some difficulty (as the vagina was quite narrow), then with the aid of a strong light I proceeded to make an incision with a scalpel, which I had previously prepared, by making a cutting edge upon the end. The substance was very dense and firm, and required considerable force to push the knife onward, which I did in a very cautious manner, until I had made an incision large enough to admit the point of the index finger; then, with a finger in the incision and one in the rectum, I examined to see where I was. I then withdrew my finger from the rectum, and, by moving the catheter in the bladder, found that as yet I was going correctly. In this way, by cutting, tearing, dilating, and examining, I proceeded on until I had penetrated about three inches into this substance, when the knife appeared to enter a cavity. I suspected at once that I had entered the cavity of the abdomen, but upon introducing a male silver catheter, straightened for the purpose, I found that it stopped abruptly after entering about six or seven inches from the external orifice. Considerable hæmorrhage followed, and she complained of severe pain in the bowels and loins. I introduced my finger, which passed readily up the whole length, but could detect no uterus. I introduced a gum elastic tube, the size of the ring-finger, six or seven inches, put her to bed, and gave a pill of opium and calomel. She wore this tube for six weeks, during which time it was taken out several times, and an endeavour to introduce a larger one

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made, but this was impossible. So great was the tendency to contraction, that if the tube was left out for two or three hours, it was very difficult to introduce it again. She suffered much from pain and inflammation in the bowels, having several attacks, which were relieved by venesection, calomel and opium. At the end of six weeks she discontinued the tube, and the incision soon closed, so that she is now in the same condition as before the operation.

It may not be considered entirely out of place here to invite attention to operations performed to gratify the wishes of patients—or, as they are termed by the French, "*Opérations de complaisance.*"

It has been remarked, and we believe on good foundation, that such operations rarely terminate favourably; and although that performed by our correspondent be an exception to the rule, a sufficient number of cases might be cited from the records of our science to establish its truth. A few of these we shall briefly notice.

In January, 1829, a man, 21 years of age, entered the *Hôtel Dieu de Paris* with a congenital deformity of his right leg, and urgently begged that the limb might be removed. The pain and risk which he would incur were fully represented to him, but as he still persisted in desiring the operation, Dupuytren amputated the leg. The patient was young, and his constitution good; nevertheless the result was fatal.

Sabatier amputated a leg in a similar case, and the termination was equally unfortunate.

Dupuytren has seen the most severe consequences from the amputation of a malformed toe; and death to result from the extirpation of a supernumerary finger.

Dr. Deagranges, of Lyons, reports a case of urinary calculus, in which he operated, to satisfy the urgent desire of the patient, and death followed on the third day.

One of the most striking cases we remember to have met with on record, is that of a servant who entered the Hôtel Dieu de Paris, with an ulcer of his leg of many years' duration, which he had long sought in vain to have permanently healed: and as it gave him much inconvenience, he solicited Pelletan to amputate the leg. This distinguished surgeon at first refused, but ultimately yielded to the urgent importunities of the patient, after fully representing to him the sufferings and risks he would incur. For a day or two everything seemed to promise success, but serious symptoms then supervened, violent inflammation of some important organs took place, and the patient was soon conveyed to his tomb. Just before his death he collected his strength, and, rising up in his bed, with an eloquence which could not have been expected from an uneducated man, he reproached Pelletan in the severest terms, for having been so weak as to yield to his solicitations to be operated on. Having uttered this censure, he fell back and expired. Pelletan was deeply affected, and long remembered the painful scene.

It seems to be considered by most surgeons, that, when they have laid before their patient all the risks of an operation, if he still desires its performance, they are relieved from all responsibility as to the result. Even if this were the case, which we are not however prepared to admit it to be to the full extent, still the consciousness of having hastened the death of a fellow-creature, must be a most painful feeling to a sensitive mind. This consideration should be sufficient to deter surgeons from performing unnecessary operation, and lead them firmly to refuse to operate merely to gratify patients.]—*American Journ. of Med. Sciences, April*, 1841.

ON THE PREPARATION OF VINUM FERRI.

By M. Donovan, Esq.

About 3,000 years ago, there lived, at Pylos, a celebrated character, named Melampus. In return for some services conferred by him on certain serpents, they taught him, by licking his ears while he was asleep, to understand the language of birds, and by attention to the chirping of the latter, he acquired a knowledge of future events, and became a soothsayer. Apollo instructed him in the medical art, and he was soon enabled to turn his knowledge to good account. The daughters of Prœtus, King of Argos, being troubled with amenorrhœa, Melampus was consulted, who successfully administered the root of black hellebore; and from that time out the root has been called melampodium, in honour of the physician who thus made known its powers. The doctor obtained, as his fee, one of the princesses in marriage; and, at length, also a part of the kingdom. Notwithstanding his grandeur, and his skill in medicine and prophecy, he was detected stealing the oxen of Iphiclus, King of Phylace, and would have certainly suffered death, but that his medical knowledge again befriended him. Iphiclus was one of the Argonauts; he had the misfortune to be impotent, and had married two wives, but all in vain. On this point he consulted Melampus. The physician prepared for him a medicine, which succeeded so well that the King begat two sons, Podarces and Protesilaus.

When we consider the process by which Melampus obtained this celebrated medicine, it turns out to be *vinum ferri;* and, divesting the story of all the fabulous nonsense with which the events of ancient times are mixed up, it appears that the virtues of this preparation, the first metallic medicine on record, have been known to mankind since the time of the Argonautic expedition: its medicinal character has therefore stood the test of experience during 3,100 years—and it is now more in use than it has been for a long period. The will of the profession retains it, although it is expunged from the three British Pharmacopœias; and a medicine that has withstood such vicissitudes cannot be destitute of virtue. Why, then, is it expunged? why is there so much difference of opinion? The answer is, because there are such differences in its strength, and in the modes of preparation. This matter is worth inquiring into.

Every one knows how much wines vary in composition; especially in the quantity of alcohol and of acidity. Hock is actually sour to the taste, while sherry has no perceptible degree of acidity. Yet, in the authorised formula for preparing vinum ferri, sometimes sherry has been directed to be used; sometimes *white* wine was mentioned, without specifying what particular kind. It is, therefore, no wonder that Murray should denounce this preparation as variable in strength, and as possessing no advantage. Again, when hock was directed to be used, the mode of exhibiting the iron rendered the advantage of acidity in the wine useless; the wine and the iron turnings were ordered to be mixed, and shaken occasionally, for a month. I have kept bright iron wire in hock for a month, with very little alteration, if any, in the taste and colour of the wine, and very little tarnish of the wire.

The "Dublin Pharmacopœia," of 1807, directed iron wire to be sprinkled with hock, exposed to the air, until the iron was *covered* with rust, and the whole of the wine to be then poured on, and digested for a week. In this way, a small quantity of iron was dissolved, but as it varied according to the amount of rust induced on the wire, and never was considerable, the preparation was altogether abandoned, and expunged in 1826. Still physicians prescribed it; and the apothecaries, in order to remove the objections of variableness and weakness, prepared it by dissolving a certain ratio of tartrate of potash and iron in sherry; the quantity of salt being occasionally very large, the taste of the preparation rendered strong and highly disagreeable, and the strength varying at the pleasure of the apothecary. Besides these defects, the composition of the vinum ferri thus produced is not what it ought to be. The true preparation contains tartrate of iron, tartrate of potash and iron, and malate of iron. The qualities of the wine ought to assist the effects of these substances; and when hock is employed, such assistance is actually derived. Hock is aperient and diuretic; and as so much as an ounce of the vinum ferri has been taken twice a day, the medical qualities of the wine itself may have an influence on a constitution debilitated by disease. Hock is also a light wine; for Newman showed that, of all others, it affords the smallest quantity of caput mortuum: hence it will sit more lightly on the stomach. It has the advantage of permanence; the tartish German wines keep the longest: some of them have been kept 200 or 300 years; and we are informed by Newman that at Strasburgh there was a cask 1,400 years old. Such age is, of course, no advantage; but the capability of attaining it shows that, so far as medical use is concerned, these wines are absolutely unchangeable. Yet this permanence is not occasioned by the presence of a large ratio of alcohol: on the contrary, hock contains little more than half the quantity of alcohol that port does; and this again is an advantage, as a sufficient dose of the ferruginous salts may be exhibited without administering too much ardent spirit.

I have, by a very simple process, removed all uncertainty from this preparation, and now obtain it always of the same strength, containing an effective quantity of iron, of an agreeable flavour, and still possessing all the aroma of the wine. The process is this:—Take of the best hock one pint; common rust of iron of the shops well levigated, two ounces. Introduce both into a matrass which plunge into a water bath maintained at the temperature of 100°. Constantly agitate the matrass for an hour; then remove it from the water, and the next day filter. The colour of this vinum ferri is a very deep greenish brown, almost black when the volume is great; its taste is ferruginous, agreeably and highly vinous; it produces a pleasant warmth in the stomach, and never sickens. In its effects it must be tonic, diuretic, emmenagogue, anthelmintic, and carminative. It does not, in a moderate dose, excite.

No other wine than hock will afford a preparation possessing these virtues. The dose for an adult may be three or four drachms thrice a day; in smaller doses it is of little use. If it is to be exhibited in combination with a bitter, it agrees well with colombo or gentian.

By this method, in one day, we obtain a far better preparation than is procurable by the processes of the pharmacopœias in two months. The iron exists in it chiefly in the state of protoxide.—*Dublin Med. Press.*

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MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 8, 1841.

Dr. Williams, President.—'On the Action of Poisons,' by James Blake, Esq.—This paper contains a confirmation of the author's researches on the action of poisons, the greater part of which have already been before the public. After some remarks on the manner in which these researches should be conducted, the author observes, that the present question contains two elements, distinct in kind, namely, a dynamical and a chemical problem. The former referring to the place where a poison acted, the latter to the molecular changes which the presence of the poison in the blood gives rise to in this fluid, or the tissues with which it is brought into contact. The former question came before him at present. It had formerly been shown that sufficient time always elapses between the application of a poison, or its injection, and the first symptoms of its action, to allow of its being carried to the brain; and also, that contact of the poison with a large surface was not sufficient to give rise to any general symptoms as long as its diffusion through the body is prevented. The author now proves that in every instance the rapidity of action of a poison is in proportion to the rapidity of the circulation. With a view to this proof, experiments have been performed on different species of animals, in which the time required for the blood to circulate from one part to the other differed greatly. For, should a poison which acts on the nervous system only produce symptoms when applied to the nervous centres, it must require a longer or shorter time before it shows evidence of its action, according as the circulation is more or less rapid, or the course which the poison has to run be longer or shorter. Experiments were performed by the author on horses, dogs, fowls, and rabbits; these animals offering extreme differences as regards rapidity of the circulation of the blood. It is shown by experiments that a substance injected into the jugular vein of a horse, arrives at the capillary terminations of the coronary arteries in ten seconds. Of a dog in twelve seconds. Of a fowl in six seconds. Of a rabbit in four seconds. Having made these statements, the author points out from experiments, that in these animals the time required for a poison to act is in proportion to such rapidity of the circulation; but, also, that in every instance sufficient time elapses between the application of a poison and the appearance of the first symptoms of its action to allow of its reaching the nervous centres. The author concludes by noticing some facts which tend to establish a connection between the chemical composition of substances and their physiological action. The chemical action on the blood of such salts as destroy the irritability of the heart; the analogous effects of salts of the same base; the analogous actions of isomorphous substances on the animal tissues, and the difference between the effects produced by poisons, according as they are derived from organic or inorganic substances.

Mr. Ancell rose, not so much for the purpose of remarking upon the paper before the society, as to express his opinion, after some consideration of the subject, of the importance of these investigations generally. It was curious to reflect that in many instances modern discoveries confirmed the deductions and revived the conjectures of the ancients. Take the modern theory of the nervous system. We found the microscopical observations of Ehrenberg, Valentin, and others, as to the structure of the brain, the tubular form of the nerves, and the provisions made for the supply of blood to every part of the nervous centres, as well as the experiments before the society, all tending to give plausibility, at least, to the opinion originally entertained, that the animal, vital, and natural powers resided in vaporous exhalations from the blood. Adhering more closely to modern language, he might say that for both the animal and organic powers we were thrown back upon the blood. In Liebig's "Organic Chemistry," we found this beautiful principle laid down—a molecule set in action by any power was capable of communicating that action to any similar molecule brought into contact with it. Liebig availed himself of this principle to explain contagions, and, in particular, that of smallpox. What was this but a recurrence to the ancient opinion? In the oldest description of smallpox extant, the disease was referred to a poison acting as a ferment in the blood, and was compared to the action of yeast upon sugar. Liebig more accurately compared the morbid action to the action of yeast upon liquids containing sugar and gluten. His work had gone the round of criticism, and was not only tolerated but lauded. Syncope occurring in persons in health was formerly referred to a coagulation of the blood in the vessels. A member of the society, who could not for one moment be suspected of shallow reasonings, employed the remarkable expression—"a tendency in the blood to coagulate without actual coagulation," in explanation of certain symptoms. These illustrations might be greatly extended. He had employed such only as occurred to him at the moment, for the purpose of showing that there was an inclination to humoral doctrines at the present time. It had often been remarked, that the discovery of the circulation of the blood had not been fruitful in results; one reason for which was, that physiologists were still ignorant of the rapidity of the blood's motion. In their experiments they had overlooked minute intervals of time, and came to erroneous conclusions. He could not help regarding the discovery of Hering, of Stuttgard, confirmed by Mr. Blake, the author of the paper just read, that the blood makes its circuit in a few seconds, as inferior to none in importance, save that of the circulation itself. It was necessary to be aware of the rapidity of the current as well as of its course, as such discovery must correct some most serious mistakes. Attempts were sometimes made to discourage these investigations, upon the principle that they were not practical in their tendency. He held that they were pre-eminently practical. In proof, he begged leave to refer to the experiments recently published by Andral and Gavaret. Take, for instance, chlorosis. These gentlemen found that the symptoms of this disease bore an exact relation to the proportion of red corpuscles in the liquor sanguinis. After administering iron, the proportion of red corpuscles increased with the increase in the proportion of that element of the blood, and at the same time and in exact ratio, the symptoms of the disease diminished. These facts were demonstrated by exact experiments; and thus the practice, established more than two thousand years ago in this disease, was both confirmed and explained. There was another fact, which, although seemingly trivial, might be cited in illustration of the practical tendency of these experiments. It was well known by many experienced practitioners, that the citrate of potassa was a more efficient saline medicine than the tartrate of soda, in the treatment of inflammatory and febrile affections. That the more expensive could not properly be substituted by the cheaper salt. He was sure of the fact from his own observation, and Mr. Blake's experiments explained why it was so. The salts of potassa acted directly upon the irritability of the heart. The salts of soda had an effect totally different from this sedative action. It appeared to him that the word action, in the present state of science, was required to be employed in a new sense. We could no longer refer the operations of life to action on the large scale, by which he meant the action of the capillary vessels. It was to molecular action that vital changes belonged. These molecular actions took place in the blood itself, as, for instance, between the elements of the red corpuscles and those of the liquor sanguinis; and again reciprocally between the elements of the blood and the more stationary elements of the tissues. Mr. Ancell then apologised, on the one hand, for occupying so much of the attention of the society, and on the other for treating so important and so extensive a subject so discursively.

Dr. Addison spoke at considerable length on the subject. He complimented the author on the value of his experimnts, and remarked, that theresult se arrived at would, at least, disprove the opinion formerly entertained, that poisons acted in two distinct and direct modes on the system; the first being by absorption, the second by the sympathy which was supposed to exist between the part to which the poison was applied and the general system. The latter having had its origin in the observation of the rapidity with which the general effects of poisons were produced. The experiments of Mr. Blake showed that a very short space of time was required from the application of a poison, to the time of its general diffusion through the body. It was by no means decided, however, because a substance was found in the carotid artery four seconds after it had been inserted into the jugular vein, that it had in that time gone the entire round of the circulation; for the rapidity with which a substance was diffused through the entire mass of blood, did not *necessarily* imply a corresponding rapidity in the circulation.

Mr. Blake remarked here, that he had made the same observation in his former papers, but that this fact did not at all interfere with the results.

Dr. Addison continued—He thought Mr. Blake's experiments proved too much; for if the rapidity of the action of poisons was always proportionate to the rapidity of the circulation, and if they acted at one uniform time on the capillaries, it would follow that all poisons would act precisely in the same time; an opinion which he believed was not correct. In Mr. Morgan's and his own experiments, it had been found that when the woorara poison was introduced into the jugular vein, it required from forty to forty-five seconds to affect the animal. If Mr. Blake's experiments were correct, all poisons should act on the same animal in the same space of time; if the said time was required for this action to be developed, then there was an end of the argument. If Mr. Blake's experiments were correct, they proved that all poisonous agents acted through the circulation alone, and showed that the opinions originally entertained and upheld by Sir B. Brodie, that some poisons acted through the circulation and some by sympathy, were incorrect. Dr. Addison then entered into the detail of some experiments which he had performed after the plan proposed and followed by Mr. Blake; but as the plan was not carried out in some of its more important parts the experiments failed and need not be recorded. Dr. Addison also referred to some other experiments which he, in conjunction with Mr. Morgan, had performed on two dogs, by making a communication between the circulating system of each, by uniting the carotids of the animals; and remarked, that so much injury might be inflicted on the tissues of the animal experimented upon, that he thought no experiment would be conclusive until an uninjured animal could receive the poisoned blood from the one into which the poison was originally inserted. He suggested the performance of such an experiment to Mr. Blake. He also objected to the results arrived at by the Hemadynamometer, an instrument which he considered open to sources of fallacy. He also inquired if Mr. Blake had found that poisons applied to an abraded surface, or put into the stomach, acted as quickly as when they were inserted directly into the circulation. After all, the differences observed in the action of poisons on different animals might be dependent on the difference of the susceptibility of the animals employed; it had never yet been shown that the poison in these experiments had reached the capillaries.

Mr. Blake, in reference to the statement of Dr. Addison that if all poisons acted when they were applied to the brain, they ought all to produce their effects with equal rapidity, and that he, Dr. Addison, had never found the woorara to act in less than forty seconds; he could only remark, that in his researches and experiments, which had been performed with all the more powerful poisons, he had found that all these agents acted with the same rapidity, there never being more than a difference of two or three seconds in their results; a difference which might be probably accounted for by a difference in the facility with which substances traversed the capillaries, and also by the symptoms produced by some poisons being much more strongly marked and much more seizable than those produced by others: this was particularly the case with strychnia. With regard to the opinion advanced by Dr. Addison, that the difference observed in the action of poisons might be owing to a difference in the susceptibility of the animals employed, it certainly was a very curious fact, should this be the case, that this susceptibility was always exactly in relation with the rapidity of the circulation; but the facts brought forward in the paper before the society, and in former memoirs, rendered quite impossible that the explanation brought forward by Dr. Addison could be correct; and, indeed, it was evidently unphilosophical to suppose, that when a poison could be shown to

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have arrived at the brain before it produced any symptoms of its action, that these symptoms should be owing to an impression made at a distance from the brain. With the opinion of Dr. Addison on the hæmadynamometer he certainly could not agree, for he had found it to be an instrument furnishing the most accurate results. In reference to Dr. Addison's remarks, that the poison had not been shown to have entered the capillaries, Mr. Blake observed, that it was true that, in most instances, he had introduced the poison directly into the veins; yet he had in some very conclusive experiments with hydrocyanic acid, shown that poisons acted with equal facility when applied to unwounded surfaces; and this fact, taken in connection with the experiments which had proved that poisons acted only when taken into the blood, was sufficient, he thought, to set aside this objection; for it having been proved that poisons only acted when taken into the blood, it was evident that their action might be adduced as a proof of their having entered the circulation. With respect to the performance of experiments in which the circulation of two animals was attempted to be united, he did not agree with Dr. Addison in opinion. Indeed, in such an experiment the sources of fallacy would be such as to render the results altogether worthless. Thus, the animal into whose circulation the poison was inserted would become weaker than the other one; and instead of conveying blood to the sound animal, would, of course, receive that fluid into its own system, by which its life would be prolonged, and the effect of the poison interfered with.

Mr. Ancell begged, in addition to the argument employed by Mr. Blake in his paper on the Rapid Imbibition by the tissues and vessels, to remind the society of the facts determined by Tiedeman and Gmelin, that substances received into the alimentary canal were detected in the blood of the vena portæ or in the chyle. Also the discoveries of Orfila, of mineral substances taken as medicines and poisons, being obtained in their proper form from the organs and tissues upon which they had produced their effects. These facts, taken with the analogous effects produced by the injection of the same substances into the blood, constituted an irresistible chain of evidence in favour of the action of such substances, in the first place, upon the blood, and through the blood upon the tissues. It had been objected that frequently medicines and poisons could not be detected in the blood, as mercury for instance. But some experiments performed at Alfort seemed to show, that the failure was owing to the analysis being deferred too long. Many materials received into the blood were rapidly separated in the tissues, or eliminated by the organs, and accordingly they must be sought for quickly in order to be detected.

PECULIAR STATE OF THE BLOOD.

To the Editor of the Medical Gazette.

Sir,—I take the liberty of sending you, for publication in your valuable journal, the following case, in which the blood was found deficient in, if not altogether void of, serum, and to all appearance too thick, in consequence, for free circulation through the capillary vessels; giving rise to a painful, harassing, and obstinate complaint, which corresponded with that in Bateman's work on Cutaneous Diseases, under the title of *Urticaria tuberosa.*

My object in giving it publicity through your pages, is with the view of drawing the attention of the profession to the state of the blood in similar cases; hoping that the inquiry may lead to the true pathology of the disease, and to a rational and successful method of treatment.

A German sailor was placed under my care in the summer of 1840, at Archangel, for the cure of the above-mentioned complaint. He stated that he had laboured under the disease six months; that he lay a considerable time in an hospital in Holland for relief, from which he was discharged as incurable; that, to avoid starvation, he went to sea, and on the passage out from Holland to Archangel, that his complaint grew worse than ever, depriving him of the use of his limbs, and compelling him to take to his bed.

His whole body was covered with painful and intolerably itchy swellings, of the size and shape of an almond, white at top, and surrounded at base by a rose-coloured blush, which increased in intensity as night approached. His legs and arms were swelled, stiff, and painful; as also his eyelids, which he could hardly raise sufficiently to enable him to see. The conjunctivæ were injected with red blood, and manifestly affected in the same manner as the skin, being here and there, especially towards the inner angles, swelled. The eyes had a slimy glassy appearance, betokening some distress within the head. He complained of a dull pain and sense of weight in his head, with great intolerance of light. His pulse was small, weak, and of the natural speed; he had no appetite for food, but drank a good deal; his tongue was white, and his bowels costive; he discharged a considerable quantity of urine, which emitted almost immediately after being voided an ammoniacal odour; he had frequent nausea, but seldom or ever vomited. On examining the region of the liver, pressure gave him some pain; externally, however, there was no fulness observable. Towards evening the pain and itching increased, and continued to keep him in torments all night. As morning approached both remitted, leaving him weak and exhausted.

Considering the disease as proceeding from a disordered state of the stomach and biliary organs, I directed my attention towards the removal of the same, prescribing for this purpose the usual means; as calomel, saline effervescing draughts, taraxacum, &c.

After making use of these for six days, I had no reason to flatter myself with having made any impression on the disease. If the bowels were brought to a proper state, the pain in the region of the liver diminished, and the white tongue removed, the eruption was much worse, the pain, itching, and redness being much increased. Nor was the warm-bath, nor hydrocyanic acid, applied externally in the shape of lotion, of the slightest benefit to assuage his sufferings. The patient observed to me that he felt much worse immediately after purgation, and upon close observation, I found that he was correct. His headache and intolerance of light were also increased.

Under these circumstances I resolved, though the strength of the patient and the state of the pulse contraindicated such a step, to take some blood from his arm; and though I had made a free opening in the vein, which was large, it was with much difficulty I succeeded in getting ten ounces from him. Being desirous of seeing whether the blood would exhibit any signs of inflammatory action, I took every care of it, and watched its coagulation. To my no small surprise, I found, after it had coagulated and stood some time in that state, that there was no separation into serum and crassamentum, but that it formed one dense mass of crassamentum, of a highly red colour, strictly adhering to the sides of the plate, on the margins of which, where some blood had slowly trickled from the arm, were streaks or bands of fibrin, of considerable tenacity. Thinking that it might not have stood a sufficient time, I put the plate in a cool place till next day, when, however, there was not the slightest appearance of serum observable; nor was there any separation between the crassamentum and the sides of the vessel to lead me to think that evaporation had taken place. After the bleeding, the patient expressed himself a little relieved from the pain and weight in the head; and on the whole he passed a better night.

It occurred to my mind, that the peculiar state of the blood which I have described, from whatever source it might derive its origin, was the cause of the eruption, and of the train of harassing symptoms attending it (the blood being too thick for free circulation through the capillary vessels); and that the only chance of relieving the patient was to restore its watery constituents. For this purpose, and to reduce the quantity of fibrin, I know of no remedy equal to frequent bleeding from the system. I accordingly bled the patient again, to the extent of a pint; put him on a thin watery diet; prescribed hyd. c. magnes. twice a-day, and continued the use of saline draughts, with an excess of alkali, and of ext. taraxaci, with an infusion of calumba, in order to restore the digestive organs to a healthy action, from a derangement of which I suspected the peculiar state of the blood to originate.

On examining the blood after the coagulation, it exhibited the same appearance precisely as on the former occasion, except that there were a few drops of limpid watery fluid here and there on the surface of the clot, as if they had oozed from it.

After this second bleeding, the patient experienced decided relief: his headache, and intolerance of light had left him; the redness of the conjunctivæ had disappeared; during the day the eruption was hardly observable, and gave no trouble; at night, however, it visited him regularly, with its usual train of symptoms, but in a much less violent degree.

In this state the patient left me, being obliged to proceed to sea with his vessel; and whether he continued to improve, or whether he relapsed into his former state, I do not know.

The questions which present themselves for solution, as connected with this case, are:—

1. Was the eruption, with its train of symptoms, owing, as I suspected, to the peculiar state of the blood described, and thus proving that the Boerhaavian doctrine of lentor or spissitude of the blood is not without some foundation?

2. What was the cause of this diseased state of the blood? Was it owing to a peculiar derangement of the digestive organs? Or was the deranged state observed in this case an effect, not a cause?

3. Might not the kidneys have been diseased in such a manner as to drain the blood of all its serous constituents? This question suggests itself from the extraordinary quantity of urine voided in this case by the patient. (I am sorry that I had forgotten or neglected, to determine whether the urine was albuminous or not).

In support of the opinion that the eruption was owing to want of sufficient fluidity of the blood, was the fact that purging, which is well known to diminish the watery constituents of the blood, always exasperated the disease.

I am, sir, your obedient servant,

John Mackenzie,
Surgeon.

9, Adam Street, Adelphi,
June 21, 1841.

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CENTRAL MEDICAL REFORM ASSOCIATION.

At a meeting held on Friday, June 25th, at 15, Charlotte-street, Bloomsbury, the following resolutions were unanimously carried:—

1. That each member of this society shall use his best exertions among his medical brethren to induce them to become active members of this association, with a view of adding to its numbers and increasing its moral power.

2. That the secretary be requested to draw up twelve petitions, against the next night of meeting, to be placed in the hands of the members of the association for the purpose of obtaining signatures to them.

3. That the members of this association pledge themselves not to relax in their efforts towards obtaining Medical Reform, until an efficient and comprehensive bill for establishing the same be carried through both Houses of Parliament.

4. That the secretary be requested to send a note to each member of the association, stating the time of next meeting, with a copy of the foregoing resolutions, and enjoining each member to bring as many medical friends with him as possible.

BURNT RHUBARB IN DIARRHŒA.

By F. P. Hoblyn, Esq., Middlesex Hospital.

It may be useful to the profession to know the value of burnt rhubarb in diarrhœa. I have used it for seven years, and found it more serviceable in the diarrhœa, attendant on the last stage of consumption, than the chalk-mixture and opium, or any other of the usual remedies.

I have known it used, with the same pleasing effects, for more than twenty years, in incidental diarrhœas. After one or two doses, the pains quickly subside, and the bowels return to their natural state. The dose is from five to ten grains.

The manner of preparing it is to burn the rhubarb powder in an iron crucible, stirring it until it is blackened; then smother it in a covered jar.

It loses two-thirds of its weight by the incineration. It is nearly tasteless. In no one case where I have known it given has it failed. I have given it in port wine, milk, and water.

ACADEMY OF SCIENCES.

May 31, 1841.

ON THE INFLUENCE OF PROFESSIONS AND LOCALITIES ON THE DEVELOPMENT OF PHTHISIS AND SCROFULA. BY M. FOURCAULT.

M. Fourcault read a memoir on the influence of occupation, and various hygienic conditions on the development of phthisis and scrofula. He considered that most of the diseases which slowly destroy life, produce their effects chiefly by acting on the skin, and modifying its functions of elimination; and that chronic affections, especially those above mentioned, are definitively caused by an alteration of the fluids. In large towns phthisis is of particularly frequent occurrence, especially amongst persons leading a sedentary life. In some cities it causes a fifth, and in London it has been said even a fourth of the mortality. Admitting these proportions to be exaggerated, we must still admit, that the mortality from phthisis is greater in large towns than in those whose population does not exceed 2,000, and which are situated in dry elevated localities; in such communities, phthisis scarcely destroys a fortieth of the inhabitants; and in still smaller villages, the mortality from this disease hardly amounts to a sixtieth, or a hundredth.

Rouen is situated in a marshy soil, is surrounded by hills, and the air is generally moist: a fourth of the patients in hospital die of phthisis. The boatmen and dyers, who carry on their occupation on the banks of the river, are scarcely ever affected with the disease; and Havre, which is so near Rouen, but situated on the sea-shore, and where there is a free circulation of air, is almost exempt from the malady.

The workmen in the Belgian coal mines at first sight seem to contradict the positions just laid down, as they are not liable to phthisis, but their immunity is explained by the mild temperature of the locality in which their labours are conducted, by the constant exercise which they are obliged to take, and the excellent ventilation of the coal-pits; and it is to be further observed, that if they are too much confined in the mines, they become subject to rickets, affections of the bones, &c.

At Lille, the diseases proper to deep and moist valleys abound; rickets, scrofula, and phthisis, being of very frequent occurrence. The asylum contains 1,200 individuals, many of whom are children that have passed their early years in the country; on admission, the occupation of these children varies with their sex—to the girls is assigned sedentary occupation in the institution, while the boys are employed in out-door labour. The result is that the latter continue healthy, while the girls perish in great numbers from tabes mesenterica, chlorosis, scrofula, and caries of the spine.

The consequences to be derived from these considerations are—that in order to avoid the development of phthisis, scrofula, rickets, &c., we should avoid employing young persons too much in sedentary occupations; and suitable amusements and exercise should be a part of the system for their management.—*Gazette Médicale.*

Iritis occurring soon after the Exhibition of a Mercurial Course, cured by a subsequent Course.—John Patrick, a seaman, born in England, aged twenty-three years, admitted into New York Hospital, November 17th, 1838, with phymosis and chancres within the prepuce. The prepuce was split open, blue pills were given internally, and black wash applied to the sores. The mouth became sore, the chancres healed, and the mercurial remedies were discontinued.—December 19th—The patient was attacked with iritis. Ordered Calomel gr. ij. and Opium gr. ½, every three hours. Emp. Epispast. nuchæ. On the 21st. the gums became sore, and the iritis began rapidly to subside.—25th—Profuse salivation; excessive soreness and swelling of the mouth; the symptoms of iritis have nearly disappeared. The mouth was directed to be washed with a weak solution of the acetate of lead, and pills of acetate of lead and opium were given internally. In a few days the mouth became well, and there were no traces remaining of iritis.—*New York Journal of Medicine and Surgery.*

Treatment of Gonorrhœa with Cubebs and Alum.—A correspondent in the "Journal des Connoissances Médicales" recommends very highly a combination of powdered cubebs and alum in the treatment of gonorrhœa, and adduces several cases in illustration of its efficacy. The formula which he uses is the following:—two ounces of cubebs and half an ounce of powdered alum are to be mixed well together and divided into nine doses, of which one is to be taken three times in the course of twenty-four hours. A cure is said to be usually effected in from six to eight days.—*Remark.* It is more than probable that alum has not been used in cases of gonorrhœa so much as it deserves to be. That the salt is rapidly absorbed into the system, and is eliminated, in a great measure by the urine, appears from numerous experiments.—*Medico-Chirurgical Review.*

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED.

NO. XVIII.

"Empirics will undertake all CURES, yet know not the *causes* of any disease. Dog-leeches!"—

Ford's Love Melancholy.

General Practitioners Bill lost—Apothecaries Bill passed.

(Continued from p. 153.)

It appears that 19 candidates for the certificate of the Apothecaries' Society were rejected for "GENERAL DEFICIENCY." We presume that this general deficiency approached those two states of natural unsoundness of mind, which Dr. Prichard and the Germans term imbecility and stupidity, or the Germans dummpeit, as including all the shades and degrees of intellectual weakness, from the slightest appearance of inferiority of understanding to absolute fatuity, a numerous family in society. Deducting the 19 who were *naturally* deficient in human brains and all human knowledge, the remaining 779 who were sent up to schools of physic and surgery by foolish parents, or guardians, or general practitioners to whom they had been apprenticed, were rejected for being found very deficient; or deficient in greater or less degrees, or totally ignorant, or imperfect in Latin particularly, or (in one or more) the medical and collateral sciences. These made up the formidable array of "DESPECTI and REJECTI."

In 1838, Dr. Peter Reid, of Edinburgh, amused us with his descriptions of the numbers of this sort of "daft" or "half-baked" heads, that had come to him for grinding, in the course of 40 years' experience, but who had wanted another turn in the oven at an earlier period. Dr. Reid, with the regular metaphysical aptitude of the Scotch mind, and his usual talent and wit, expressed in the vernacular of his country, which he defended as a genuine language and not a gibberish, gave us an acute analysis of their mental faculties, and particular deficiencies. We shall work these up for a sketch from our reminiscence of Reid's racy conversations, which we wrote on our nails, and entered into our common-place books when we got home. It will be quite as entertaining and instructive as Erasmus in Praise of Folly, or Barclay's Ship of Fools; and we shall give it under Salmon's (the Ancient Curemonger's) general classification of the "ASSES of ÆSCULAPIUS," who are a very numerous progeny.

In the MEDICAL TIMES (*No.* 90, *June* 12, *p.* 118), we mentioned that we had put the question to the London College of Surgeons:—"How many men passed the College from 1800 to 1815?" to determine the proportion of regulars to irregulars in 15 years; but the College declined giving this information for reasons best known to the President. But Mr. John Ridout apparently has it. We have lit upon a list in Farr's British Medical Almanack for 1837, which, though a very useful and instructive statistical production, has been discontinued for want of circulation and professional support, which gives these results: it appears that from 1823 to 1834, 4746 students passed the College in 12 years; 6233, the Hall from 1815 to 1834, or 19 years; and 126 the College of Physicians from 1823 to 1833, or 11 years. Allowing for the 7 more years of the Hall than the College, the numbers passed by the College and Hall must have been nearly equal during that period. In 10 years from 1822—33, the Hall had passed 200 more than the College, and the whole shows that, after the Act of 1815, medical education became more regular, that the general practisers, who knew little or nothing of the practice of physic, received a more certain and better education than before 1815; and that that hard-working and useful class have not only received more education, but have improved, on the whole, in character and respectability.

But J. Ridout, Esq. says: "The number of UNLICENSED practisers is greatly diminishing." It appears from Mr. R. that, in ten years, 3,902 diplomas were granted by the Royal College of Surgeons, and 3,872 certificates by the Society of Apothecaries, from Aug. 1815, to July 1834, showing that general practitioners underwent both examinations, and are qualified to practise surgery as well as medicine. But a great number of students have gone up of late years, particularly from large manufacturing towns,—the sons of the common trader and low classes,—who are not equal to the men from 1815 to 1825, and have been notoriously vulgar and low-bred persons. The facts and reasonings connected with these circumstances we shall consider under "Competition," and "The Social Rank and Privileges of Medical Men." The Hall and College, by advancing after the Scottish College of Surgeons, to a three years' term of professional education, has added further to the intelligence and respectability of the general practiser, and imposed some check on the inferior means of the *canaille* of the English Alsatias.

No. 19.—*Past defective hospital education of Scotch Graduates and English General Practitioners.*—Out of 1,171 Hospital and Dispensary Pupils who were supposed to have superior advantages, 165 were rejected in three years. How is this explained? Here something very striking and particular comes out, like a fox out of a bag. Thirty-five graduates of the University of Edinburgh were examined and twelve!!! rejected; while of the Edinbugh College of Surgeons nine passed, and only one was rejected. "One Edinburgh Graduate was found *most* deficient, and all are generally deficient in *chemical* knowledge, particularly."* A larger proportion of students and graduates of Edinburgh University have been rejected than those of any others.—(*J. Ridout, Esq. p.* 344.) Some one cast a sneer at this in saying that that was extraordinary that a set of highly educated men should have been rejected, while a set of ignorant druggists passed.

It appears that the general practisers, who chiefly go to London, and the under-graduates in medicine, who repair for professional education across the Tweed to bleak Caledonia and the craggy north, see only a small number of particular cases, and not cases enough to give them a clear and proper insight into the knowledge of inward or internal diseases, or the art of Therapeutics, and practice of medicine. They come down deficient in judgment, and blank in the indispensable and invaluable art of discriminating diseases with perspicacity and correctness, and incapable of practising the art of medicine with that proficiency and natural genius for Therapeutics which some men possess in a degree so very superior to others. In consequence of this imperfect development of their faculties, we see everywhere a great deal of dogmatism, system, and routine, repetition, iteration, and reiteration, of one practice and of one remedy in all diseases without *any* exception, and we see, instead of man-curing and man-relieving, not a few failures which pass at last to the physician of genius and skill, who is famed for success in cases of very difficult cure; and we sometimes hear of a case of "Justifiable homicide," or of "Killing no murder," by some hand that "Did as well as he knew *how!*"

The Scotch graduates and members of the Edinburgh Surgical College, of whom we are one, are charged as well as the London Pupils (the old shame of Colleges and Corporations in London), with having also too limited means of essential, useful, and practical instruction in internal pathology, and the treatment of diseases in Edinburgh,—at least so say the Hall evidence.

(To be continued.)

* This is extraordinary, because Edinburgh is *the* school for Chemistry.—EDITOR.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by

PROFESSOR OWEN, F.R.S.

LECTURE XII.

The naked Cephalopoda are the most highly-organised of the molluscous tribes, and approach the nearest in most points of their structure to vertebrata. They are all marine animals, and resemble in external form a giant polypus: indeed, it is by the name "*polop*" that they are known to the fishermen on our coasts; and this is the designation first applied to them by Aristotle in his admirable works upon their anatomy and living economy. All the Cephalopoda are exclusively oviparous and dicecious. The males are fewer in number than the females, smaller in size, and somewhat different in the form of the internal shell.

The male organs of the Dibranchiate Cephalopoda, as already described, consist of a testis of oval form, a long vas deferens, which becomes dilated and glandular in its course; a vesicula seminalis, with which a long cæcal prostate is connected; then a remarkable sac, into which the seminal secretion is received, and where the spermatozoa are collected in a peculiar manner into long cases, the filaments of Needham; and, lastly, a short and rudimentary penis, which does not extend beyond the infundibulum, and is therefore incapable of intromission. In the Sepiola, the receptacle for the preparation of the filaments of Needham is of very large size.

The remarkable filaments originally discovered by our countryman, Needham, were so well figured by him, that Carus has not deemed it necessary to obtain a new drawing, but has copied his figure from Needham's work. In the Calamary, or Loligo, the

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filament is two-thirds of an inch in length, and consists of an external, transparent, and cylindrical case, in which is contained a filament possessing a peculiar form. A little more than its anterior third has a spiral arrangement, and to this part Needham has applied the term *screw;* next follows a short portion, which he calls *sucker;* then a still smaller and cup-shaped part, the *cup;* and, lastly, an oblong and spongy caudal portion, in which are contained the minute spermatozoa. When examined with a lens, and stimulated by the contact of a drop of water, these "milk vesicles, taken from the milk bag," as they are termed by Needham, commence a series of alternate contractions and relaxations, by means of which the filament within is moved forwards, and the screw with its compressed spire is thrust forcibly against the anterior part of the capsule. The capsule in a short time becomes ruptured, and is eventually everted; by degrees the sucker and cup gradually advance, and as soon as they have escaped from the end of the cylinder, the spongy tail is forcibly driven out, and generally with so much violence as to break it into several pieces, and give exit to its contained spermatozoa. The movements must not be ascribed to any locomotive power, like that possessed by undoubted animals; they are never varied and wholly mechanical, depending simply upon a certain combination of elastic and contractile matter, calculated by its physical properties to expel and disperse the semen. The penis of the Sepia family is perforated by an urethra, with the single exception of the hooked Calamary, in which the organ is grooved. No opportunity has yet offered for the examination of the generative organs in the male Nautilus; but if it were permitted to foretell from analogy any part of its structure, it ought, from its proximity to the inferior mollusca, also to possess a grooved penis.

The female organs of Cephalopoda present great variety and numerous modifications; in the pearly Nautilus the ovarium is oval and single, and situated at the bottom of the pallial sac; its parietes are glandular; and in the specimen dissected by Mr. Owen, a cluster of numerous compressed and elliptical vesicles, lacerated at their free extremities are seen attached to its internal surface. These sacs are evidently analogous to the calices of the common fowl from which the ova have escaped, the animal having been captured immediately after oviposition; the ova are few in number, when compared with those of the common cuttle-fish. From the ovary there proceeds a single oviduct, lined on its interior by thick transverse rugæ of the mucous membrane, and opening beneath the mantle. A glandular apparatus, consisting of three lobes, and analogous to the nidamental gland of the lower mollusca, is also connected with the oviduct near its termination. In dissecting the Sepiola, one of the higher Cephalopoda, Mr. Owen was fortunate enough to find the ova contained within their calices, and some in their passage along the oviduct. The ova have hitherto been described as presenting a reticulated appearance on the exterior, which is not the case: the ova themselves are beautifully polished and smooth; but the calices in which they are contained have the reticulated texture, which has been supposed to belong to the ovum. In the course of the oviduct, near to its termination, is a glandular organ, consisting of numerous transverse lamellæ, the oviducal gland, and opening into the oviduct the excretory tubulus of two large nidamental glands. The office of these glandular organs is to provide an external covering to the ova, which is continuous with the successive ova, and connects them together in long strings, in which form they are frequently found attached to foreign substances. In the Argonaut there are two oviducts, lined by a thick and glandular mucous membrane, without transverse rugæ. In the Octapus the ovary is of large size, and divided into two cavities; there are two oviducts, and on each a lamellated oviducal gland. In the Loligo Sagittata, the ovarium is elongated, and traversed by a vein and artery; and it is from the exterior of the vein that the clusters of calices depend. There are two oviducts provided internally with transverse folds of the mucous membrane, and upon each oviduct an oviducal gland. Near their termination is found additionally, two nidamental glands.

The female generative organs of Cephalopoda present five principal modifications. The first is represented by the pearly Nautilus, in which is found a single ovary, and an oviduct lined upon the interior with thick transverse rugæ of the mucous membrane. In the second modification there is a single ovary, two oviducts and oviducal glands, and two nidamental glands. The latter glands are very analogous in their structure to the supra-renal capsules of higher vertebrata. In the third group, as represented by the Argonaut, there is one ovary and two oviducts, without especial oviducal glands. In the fourth group, represented by the common Sepia, there is one ovary, with two oviducts and oviducal glands. And in the fifth, as in Loligo Sagittata, one ovary, two oviducts and oviducal glands, and two nidamental glands.

With regard to the mode of impregnation of Cephalopoda, no modern anatomist, with the exception of Cuvier, possessed so much information upon this subject as Aristotle. The latter author has described two modes by which the act of impregnation is performed, the one at the bottom of the sea, the other during swimming, and he is perfectly correct in ascribing to each a mode of contact to which their locomotive organs are well adapted; although, in a succeeding page of his work, he admits an apparent contradiction of his first assertion. He says that animals of opposite sexes expand their arms during the copulative act, and apply them together, so that their heads may be brought in connection; and that the Calamaries and the Loligos swim forcibly against each other during this conjunction. But in another part of his work he observes that the males follow the females, as do the fish, and asperse the ova with the fertilising fluid after their exclusion.

The ova have no fluid albuminous constituent, and are covered on the exterior by a thick horny nidamental covering. This, however, cannot be advanced as an objection to the latter proposition of Aristotle; for it will be recollected that Hunter impregnated the thickly-invested ova of the Silk-moth, after their exclusion from the vulva of the parent. The size of the ova is very disproportionate to the bulk of the animal; thus, in the Argonaut, the ova are scarcely larger than the head of a pin, whereas in the smaller Sepiæ they are frequently of a considerable size. In the Octapus the ova are deposited singly, and are each connected to some foreign substance by a slender filament; but in the Loligo many ova are deposited in the same sheath, and they are sometimes driven on shore in masses weighing at least six or eight pounds.

Development of the Ova.—In the ova of the Cephalopoda there is no fluid albumen; the vitellus is immediately surrounded by several hardened layers of albumen, which constitute the nidamental shell. In the progress of development the vitellus is, in the first place, included by the germinal membrane; then an outline sketch of the embryo is apparent, formed by an opaque tegumentary layer, representing the dorsum of the animal. The branchiæ, of a bright red colour, are next seen, uncovered and near the abdominal surface of the embryo; then the vitellus is narrowed into a pedicle, and is continuous through the anterior portion of the animal with the alimentary canal. The syphon is formed by two halves, which at first overlap, and afterwards unite. In the pearly Nautilus the development is arrested at the grooved form, as is the case in many of the inferior mollusca.

In the progress of the development of the higher Cephalopoda it will be observed, that the vitelline sac or yolk bag becomes appended to the anterior extremity of the animal by means of a distinct and elongated pedicle; a disposition which obtains throughout vertebrata. Hitherto, in the ascending scale of animal development, we have seen that the constant character was the inclusion of the vitellus by the alimentary canal itself upon the dorsum of the animal. When Cuvier first pointed out this peculiarity in the disposition of the vitelline bag in Cephalopoda, it served to strengthen the opinion entertained by the followers of Geoffroy St. Hilaire, that in insects there was no alteration in the position of the nervous cord, but that they actually walked upon their backs.

In some Cephalopoda, as in the Sepia, the vitelline duct becomes wholly obliterated, and is afterwards removed; but in others, as in the Octapus, part of the duct still remains persistent.

The young of the Cephalopoda, as we have before seen, with several of the preceding classes, are furnished with weapons of defence previously to quitting the ovum. In the embryo of the Sepia, three or four laminæ of the dorsal shell are deposited, and the ink-bag is full of its peculiar pigment before the young creature escapes from its chorion to encounter the dangers by which it is surrounded.

With regard to the mode of development of the Argonaut, but few facts are as yet known. The males are extremely rare, and none have hitherto been found, although many specimens of the animal have been examined. Madame Power has established the long-contested fact of the formation of the shell by the animal itself. In some recent experiments which she has performed, consisting in the removal of one of the arms, she has observed that there was a perceptible difference in altitude of the border of the shell, opposite the mutilated member, being less in that situation by one line than in the rest of the circumference. The operation of section of one of the arms was usually attended with death; but some few of the animals lived for four or five days, and it was in them that Madame Power was enabled to observe the interesting fact. Whether the shell of the Arnogaut is to be regarded as a sexual peculiarity or not, is yet unknown. Some of the Octapus family seek for fissures and holes in rocks, and the deserted shells of other mollusca in which they deposit their ova. The deserted portion of the shell of the Argonaut serves the purpose, according to Broderipp, of marsupial cavities, into which the ova are deposited, and undergo a partial development.

The Cephalopoda resemble fishes in ovipositing in the young state previously to the full growth of the animals.

The young of the Argonaut possesses no trace of shell, while within the ovum, as was thought by Poli, who must have mistaken the vitellus for a rudimentary shell. The young, when removed from the shell of the parent, resembles a young Octapus in its form. Madame Power states that the shell is undoubtedly formed after birth: but the exact period of its development, with the question as to whether the male Argonaut is a naked mollusc, is an enquiry that still remains for investigation.

LECTURE XIII.

In the natural system of classification of the animal kingdom were perfect, we might expect that in passing from invertebrata to vertebrata, we should find a more complete and complicated organization. But the comparison of the higher Cephalopoda with fishes, serves only to show that this is not the case, and that fishes are superior to mollusca and many of the inferior classes only in one system, the nervous, and associated with that, the osseous apparatus. Few fishes possess a digestive system so perfect and complicated as that of Cephalopoda; in the latter, the circulating system is provided with three hearts, two branchial and one systemic, while fishes possess only a branchial heart; and in the generative system the descent is still more striking and sudden. Cephalopoda have a nervous ganglion representing the brain, surrounded by a rudimentary cranium, but no spinal cord. Fishes have a more complete brain and spinal cord, protected by an osseous case.

Fishes.—All fishes are dicecious, that is to say, they are possessed of distinct generative organs on different individuals, constituting opposite sexes; but this cannot be considered a superior gradation to the invertebrate tribes, for we have already seen the same condition, even amongst the intestinal worms. The lowest fishes, as the Petromyzon, or Lamprey, and the Myxine, which belong to the order of Cyclostomous fishes, from possessing a suctorial mouth, and are unprovided with fins, have a lengthened laminated organ, attached to the superior parietes of the abdomen, on either side of the vertebral column, nearly its entire length, by means of a short mesentery. It would be difficult, in examining this organ, to distinguish whether it were an ovary or a testis, as we have before seen to be the case with regard to the bivalve mollusca, excepting during the present month, when both organs would be found loosely plaited from their increase of size, and changed in colour. The ovaries at this season are yellow and granulated, and appear filled with small ova, and the testes are smooth and white; there are

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no external characters by which the sexes are to be distinguished. The essential structure of both ovaries and testes is the same; in this they present a remarkable analogy with the same organs in the embryo of the higher animals, and even of man, and both occupy the same position in the abdomen. The testis, like the ovary, is composed of a cellular parenchyma or stroma, in the cells of which the ova are formed in the female, and the semen is secreted in the male; the testes have no excretory ducts; and the semen, after its formation, bursts by a process somewhat similar to dehiscence into the abdominal cavity, whence it escapes by means of a genital opening, situated immediately behind the anus. This is the constant position of the genital opening in the class of fishes. The generative organs of the Eel are very similar to those of the Lamprey; the ovaries and testes occupy the same position in the abdomen. Immediately external to them is another long glandular organ with a distinct excretory duct; these are the kidneys, Sir E. Home thought them to be the testes, and in that case we should have had an instance amongst fishes of an hermaphrodite arrangement. Rathke showed the true nature of these glands; but they were also well known to Hunter, as is proved by the plates which he has given of the viscera of these animals. Mr. Owen observed, that he took occasion to mention this fact of want of correspondence between Home and Hunter, from the circumstance of the opinion being prevalent, that all Sir E. Home's observations took their origin in Hunter, whereas, on the present subject, it was clear that the labours of Hunter had not been consulted.

In some of the osseous fishes the generative organs are essentially the same with those already described. The testis or milt, as in the Salmon and Trout, has no excretory duct; the secretion is poured out into the cavity of the abdomen, and thence through the genital aperture into the circumambient medium; in others, as in the Pike and Sand Eel, the testis, instead of presenting the beautiful analogy to an ovary, in the existence of a stroma, is composed of a number of cæcal tubuli, and provided with an excretory duct, terminating with the ureters in a common cloaca, immediately behind the anus.

The extraordinary magnitude of the generative organs in fishes must strike the most careless observer, and we are naturally led to inquire, what can be the intention of their prodigious size. To this question it may be replied, that such an arrangement is suited, in the first place, to the absence of parental means of protection to the young, which are, therefore, liable to destruction in a multitude of ways, and require to be produced in great numbers; and, secondly, to the absence of intromitting organs, by which the male fluid is ensured a ready access to the ova.

In the Perch, a short excretory duct proceeds from the cavity of each testis, and unites with its fellow to form a common duct, which opens into the cloaca. As in the fish there is no coitus, it follows that there are no vesiculæ seminales; the male organs, consequently, present a simpler type than has hitherto been observed in the animal kingdom. In the Herring, a vas deferens passes off from each testis, at about its posterior fourth, and unites with its fellow to form a common duct, which opens into the cloacal cavity. If air be blown into the vas deferens it will distend the testis, and the minute cæcal terminations of its secreting structure may be seen upon the surface of the organ. Müller has represented the net-work-like ramifications of the seminal tubuli, in the Shad, where they are seen towards the surface assuming the form of cæcal follicles. In the Cod, the testes are prodigiously increased in extent in the breeding season by the formation of numerous small plait-like folds, which give to the organ somewhat of the appearance of the convolutions of the brain on a smaller scale.

In fishes there exists one very remarkable peculiarity, which has been before noticed in connection with the description of the Mollusca, and more particularly of the Cephalopoda; that is, that they possess the power of secreting the seminal fluid, and fertilising the ova of adult females previously to the attainment of their full growth. This is a subject of much political as well as of scientific interest; for any legislation which is intended for the protection of this very valuable article of food should be founded upon the sexual peculiarities of the fish. All the Salmonidæ bear one common livery, which consists in a series of vertical bars, crossing transversely the sides of the fish. In all the young of the Salmon, which have not arrived at the full growth, these bars are very distinct. In the adult fish they are concealed by the scales, but may be seen on the skin when the scales are removed. Now, if a naturalist were unacquainted with the fact of the young fish being capable of secreting the male fluid before reaching its adult form, and were to find a fish marked upon its sides by transverse vertical bars, and having the soft roes fully developed, he might very possibly be led to infer that this was an adult specimen of a smaller genus. This mistake has actually been committed by our excellent icthyologist Mr. Yarrow, in his beautiful work on fishes, wherein the specimen figured as the Parr, is actually the young of the Salmon of the second year. A question has arisen as to whether the ova of the Salmon are capable of being fertilised by the seminal secretion of these younger animals; and whether, supposing that to be the case, the progeny would not be hybrid. Mr. Shaw has fully established this point by means of his experiments, in which he has proved that the ova of adults may be fertilised by the seminal secretion of the Parr-fish, and the progeny become perfect Salmon. Indeed, if Nature have, amongst any class of animals, established it as a law that two different species shall not propagate, this ought most particularly to be the case with regard to fishes, in which the ova are so exposed, and no means of internal impregnation exists. Were this not the case, indeed, the sea would be completely filled with hybrid fishes. It is well known, for instance, that the Turbot, the Plaice, and the Sole, spawn in the same situation upon a gravelly bed; and that the Cod-fish, and other species, return constantly to the same spawning beds.

In the vipiparous Blenny internal impregnation occurs, and the ova are developed within the ovary, which is single and of large size; in the male, there is a rudimentary penis, and if eversion of the lining membrane of the vas deferens should take place there may be actual intromission. In the usual method of impregnation in fishes, the male approaches the female, and they swim, side by side, while the latter deposits her spawn, sometimes two males accompanying one female, one at either side. During this period the male is observed to turn himself round almost completely, and to bring his cloacal opening near to that of the female, probably into actual contact.

In the higher cartilaginous fishes, as the Shark, the Chimæræ, &c., the testes are more aggregated and compact in their form, and are removed to the upper part of the abdominal cavity. The vas deferens is long and tortuous, and near the cloacal opening dilates into a glandular sac, which represents the vesicula seminalis, and within this sac are developed, for the first time, two clasping organs, intended to be used in actual coitus. In the Skate, the testes are very large and lobulated, and upon these lobules may be seen the small, rounded projections formed by the cæcal terminations of the tubuli. Upon the inner side of each testis is an epididymis composed of the multiplied convolutions of the tubuli seminiferi, from which there proceeds a single convoluted vas deferens, which passes down behind the testis, becomes dilated near its extremity into a large sac, and terminates in the common cloacal cavity. Müller figures these organs in his great work on the glands, and calls the epididymis the peculiar glands; he rejected Cuvier's opinion of their use, and conceived that the semen escaped into the abdominal cavity by disruption, as in the lower fishes, from discovering no communication by means of ducts between the testis and epididymis. Later examinations of these parts have, however, shown him to be wrong, for true spermatozoa have been observed in the secretion found in the tubuli of the epididymis, by Dr. John Davy and by Mr. Wagner.

In all fishes there is a great periodical enlargement of the generative organs at the breeding season, as was pointed out by Hunter in his treatise upon the Sparrow, and in the animal economy. Another and a curious change is observed in the Syngnathi, which belong neither to the osseous nor to the cartilaginous division of fishes; in these a modification of the integument takes place, into which the ova are received, and where their development is performed. In the Syngnathi, as in the Hippocampus and Needle Fishes, the male organ is a simple elongated sac, of small size, but much enlarged during the breeding season. Associated with the existence of the testis is a large subcaudal pouch which receives the ova and performs the office of a marsupial cavity. This extraordinary combination was for some time a matter of surprise to naturalists, and suggested the possibility of an hermaphrodite organization. But the corroborative testimony of Walton in Cornwall, Retzius in Sweden, and Agassis, has proved that this pouch is possessed only by the male, and that the female has no such apparatus for the protection and development of her ova; a circumstance which must be looked upon as a curious reversion of the offices of the sexes.

In one genus of fishes, the Sturio or Sturgeon, there is a remarkable modification of the generative apparatus which approaches very closely in analogy to the disposition of the female organs in the higher animals, where the Fallopian tube has no connection with the ovary. The testes of the Sturgeon have no excretory ducts, but pour out their secretion into the abdominal cavity, from which it is taken up by a short vas deferens and conveyed into the cloacal cavity.

Reptiles.—In examining the organs of generation in the class of Reptiles, no sudden descent will be observed, as in the classes of invertebrata. In the lowest reptiles, as the Syren, the testis is compact, and shaped like that organ in cartilaginous fishes; and there is a vas deferens to each gland, which dilates near its termination into a rudimentary vesicula seminalis. In the Amphiuma there is a well-formed testis with a fatty body appended to it: in the Frog the testis is oval, and still more compact, and gives off several minute vasa efferentia which unite to form a vas deferens on each side. Near the termination of the vasa deferentia are two oval-shaped organs, composed of glandular follicles, and representing vesiculæ seminales. Among the highest Amphibia, the testis is more complicated, consisting of two, three, or more lobes, and each vas deferens has superadded a series of cæcal glands. In the Salamander or Newt, the vas deferens passes anteriorly in the first instance, and then posteriorly, forming a number of convolutions in its course. Near its termination it is joined by a very singular palmated group of cæcal follicles, analogous to the prostate gland. There are no external signs by which the male may be distinguished from the female, excepting at the breeding season, when the lips of the cloaca are much swollen. Copulation is performed while swimming, the male placing himself under the female, and applying his abdomen against that of his mate: in this position they remain embraced for a considerable time, the cloacæ being in contact, but no intromission taking place. For the purpose of effecting the position here described, a curious change takes place in the integument of the male; it becomes developed in such a manner as to form a crest-like fin along the whole length of the dorsum of the animal, and along the under surface of his tail. This peculiar apparatus is entirely removed after the copulative act is completed. In the common Frog, a transitory character distinguishing the male, is the enlargement of one of the digits of the anterior extremities; the copulative act lasts for several weeks; there is, however, no intromission. The land Salamander is viviparous.

No intromittent organ has yet been observed, but among animals higher in the scale than those which have preceded, a penis is a constant character; with the exception of birds, in which it exists only in some genera. This organ presents two distinct types of structure. In serpents the vasa deferentia open, as usual, into the cloaca; but near to their terminations a cæcal process is given off from each duct, which extends backwards for some distance into the tail. These processes resemble vesiculæ seminales; they are lined by mucous membrane; then they are invested by a layer of erectile tissue, and, next, by circular muscular fibres, and are retained in their position only by very loose cellular tissue. These sacculated organs are capable of eversion and protrusion through the cloacal opening, and in that condition they constitute two intromittent organs. They are withdrawn again into the cavity in the tail by muscular action. In the rattlesnake, each of these organs bifurcates at the extremity, and constitu-

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a bifid penis. All serpents and all the Lacertine Sauria are possessed of this peculiar apparatus.

From the long and slender form of serpents the essential organs are rarely symmetrical; one usually lies in front of the other, and is placed somewhat nearer the caudal extremity of the animal. In the Python the right testis is somewhat higher than the left. The vasa efferentia unite to form a vas deferens, which is greatly convoluted, and passes backwards, to terminate in the cloaca. There is no rudiment of epididymis, an organ which we have already seen so remarkably developed in the Skate.

In the Lacertine Sauria the essential organs are more symmetrical than in serpents, but very similar in structure. In the Slow-worm, which is the connecting link between Serpents and Saurian reptiles, the testis and ovaries are symmetrically disposed in the abdomen.

In the Chelonian reptiles and Crocodiles, the principal organ to be remarked will be the intromittent organ.

REMARKS UPON THE TREATMENT OF UTERINE HÆMORRHAGE;

WITH A RECOMMENDATION FOR THE USE OF A TOURNIQUET IN SUCH CASES.

In casual conversation with the late Mr. Walford, teacher of midwifery in Aldersgate Street School, upon the treatment of uterine hæmorrhage after delivery, he suggested to me the application of pressure by means of the tourniquet as certain of success; and such was his confidence in this means, that he emphatically declared that no woman ought to die of uterine hæmorrhage; and that any practitioner of midwifery losing a woman from this cause, ought to suffer the punishment due to the crime of manslaughter.

From having had some experience in these frightful cases, and more especially from its occurrence twice in my own domestic circle, each time producing all but fatal syncope, notwithstanding every care was taken to guard against such a lamentable result, by the attendance of a kind and talented physician-accoucheur; and knowing the great difficulty of successfully treating and managing such cases, they have been a subject particularly interesting to me. It is in cases of flooding after delivery that I have found the use of the tourniquet so highly satisfactory, and that I strongly recommend its employment to all accoucheurs. I know not how far the members of the profession generally are acquainted with the use of this apparatus for such a purpose, but finding those with whom I have conversed ignorant of its great value as a means of saving life, I have thought that my humble testimony to its merits might not be without its utility.

To witness the death of a woman from uterine hæmorrhage after delivery is an appalling sight, and a sad calamity, which it becomes every medical man to do all in his power to avert. I think also that we ought to aim at something more than the preservation of life; I mean, if possible, to prevent those many and great evils which generally follow perilous cases of flooding—such as protracted debility, incapability to nurse the offspring, and its consequent suffering from the want of natural nourishment; causing wet-nurses to be sought for, who cannot always be found or easily paid for, and are often very troublesome besides: there is here also a large amount of domestic anxiety and trouble only fully known to those who have experienced it. I believe that the tourniquet will not only arrest the violent and large discharges of blood from the uterus, but will likewise prevent that slow draining away of it, which, without producing syncope, is oftentimes the cause of great exhaustion and a long convalescence. Its use will also diminish the amount of after-pains, as exemplified in a case to be related, of a woman confined of her seventh child. It will likewise relieve the practitioner of much bodily exertion, and materially abridge the period of watchfulness; for feeling assured that his patient is safe, all painful anxiety is removed from his mind.

Many are the means employed to prevent or restrain uterine hæmorrhage; and pressure has, I believe, been justly most valued by the accoucheur. Cold applications, in a variety of ways, have proved serviceable; but here I beg to remark, that I have known the use of the lower limbs taken away for several months by too long a continuance of cold cloths, yet not longer than the appearance of discharge seemed to warrant. The period of time during which cold cloths were applied was in one instance half-an-hour, in the other somewhat longer, yet I have known this period considerably exceeded, without the same bad consequences arising. Perhaps the temperature of the weather, and the peculiar constitution of the patients, might have influenced the effects; but to the impression of cold chiefly, after enduring for many hours severe labour-pains, do I attribute the weakness which was experienced by these patients in their lower limbs. One was unable to stand alone for the space of three months.

The ergot of rye is a medicine of considerable utility in producing uterine contraction; but it must be given before fainting comes on, to prove serviceable. I have often administered it immediately after the birth of the child, in anticipation of flooding, where past experience has given me too much reason to expect a return: for flooding is habitual to some constitutions,—generally the weak and irritable. With scarcely an exception I have found the ergot of rye effectual in promoting uterine action. I generally administer the tincture, which has this to recommend it—it is very easily taken in any thin fluid, and is not readily injured by keeping. The emptying of the vagina and uterus of coagula is sometimes necessary, but without pressure from a bandage, which I always afterwards apply, it would not prove satisfactory. The necessity for the removal of the coagula, and the redistension of the uterus, which now and then occurs, may, I think, both be prevented by the timely use of a tourniquet. The introduction of one hand within the uterus, and the application of the other without, to compress the bleeding vessels and stay hæmorrhage, has always appeared to me to be attended with much uncertainty, and some risk. Plugging the vagina is not to be depended upon, and the transfusion of human blood has not now many advocates. As immediate relief must be given, the administration of medicines, whether acids, sugar of lead, or any other drug, are of doubtful efficacy. I once saw a patient to whom a full dose of opium had been given prior to my assistance being requested by the gentleman in attendance. It was the worst case for the duration of alarming symptoms I ever witnessed, in which recovery took place. The long-continued state of exhaustion, and the frightful prostration of power, I attribute, in a very great degree, to the sedative effects of laudanum. I have often given laudanum, to allay irregular and ineffectual uterine action early in labour, with beneficial results, but I have never seen it produce uterine contraction in cases of flooding. To surround the abdomen of every recently-delivered woman, with a bandage capable of giving some temporary support, is in general practice, and much to be recommended, but the bandage or napkin ordinarily provided for this purpose is far from being efficient in cases of flooding. It is very easily displaced by a slight change of posture, however carefully applied, and although I have always in addition put a compress of some kind or other over the uterus, generally a pincushion or a small firm book enclosed in a napkin, pressure made by the hands is absolutely necessary in dangerous cases, and that to a degree painful and tiresome, before you can abate your watchful attentions and services. A bandage wide and deep, made of strong calico, with tapes attached to each side at different distances, so as to be made capable of affording support to a woman either before or after delivery, was strongly recommended about twelve or fourteen years since, by I believe Mr. Gaitskill, of Rotherhithe. This I have found very useful, previously placing the compress before described over the uterus. But this comes far short of the good and efficient pressure so readily to be obtained by the application of the tourniquet. This instrument is not easily displaced, as the band is passed beneath the back and over the ilia, and by turning the screw placed with the compress over the uterus, pressure is effected directly downwards upon it, and such a compression of the bleeding vessels or sinuses takes place, that uterine hæmorrhage must be restrained in almost every case: indeed, as Mr. Walford said, it might be carried to such an extent as to suspend the circulation in the abdominal aorta. In thin persons no doubt it might effect this object; and if so, few women ought to die of flooding after delivery. I recollect, when a pupil, having been sent for the late Dr. Batty, to assist in a case of flooding, and he being unable immediately to attend, directed me to inform the gentleman in attendance that if it continued he was to place the whole weight of his body upon the patient's abdomen, by sitting astride her till he came; but the patient did well without this extraordinary help.

Mr. Walford recommended the tourniquet to be made at least double the size of the one in ordinary use, with a proportionably wide band, and this must have obvious advantages over a smaller one. The one I have hitherto used has been taken from an amputating case. I removed the pad, and by increasing the length of the fellet sufficiently to encircle the hips, with this and the compress I have obtained a power far exceeding any hitherto obtained by other means. I am disposed to think the most eligible compress might be made of a piece of cork, about an inch in thickness, covered with soft leather, and shaped somewhat to the inferior and anterior aspect of the abdomen; this would be sufficiently firm to yield uniform pressure over the uterus without giving any pain, which I have found the corners of a book apt to do: or something softer might be applied first upon the body if thought desirable. Twice I have tried the tourniquet on the same patient in flooding labours, with satisfactory results. The first time I attended this patient, which was of her fourth child, she flooded dreadfully, and so perilous was her condition that I did not think it possible she could recover. The debility, as usual in such a case, was long continued, and so debilitating to the poor mother, that to nurse the child was out of the question. When called upon to assist at her next confinement, I was prepared with a tourniquet, and tr. secale cornut. She began to lose blood very freely after the birth of the child, the placenta being detached and lying in the vagina. I gave immediately a dose of the secale cornutum, and applied the tourniquet, shortly after which I gently removed the placenta, and all further hæmorrhage was quickly restrained by increasing the pressure; fainting did not ensue, and I was relieved of all that bodily exertion which had been so fatiguing to me upon the former occasion.

At her subsequent labour I had to encounter the same danger of flooding, which commenced as before, and which, by the use of the tourniquet and compress *alone*, was most satisfactorily suppressed. This labour was of twelve hours' duration, and the latter pains were very severe: its progress was regular, the head of the child gradually advanced, and after its extrusion, several pains were required to bring the shoulders, body, and hips, into the world. The placenta was found loose in the vagina. All this was very favourable for the non-superventism of flooding, but it did appear; and at this time I removed the placenta, which gave a momentary facility to the free discharge of blood, before I turned the screw of the tourniquet, and quickly stopped all further flow. The patient has made a much better nurse, and has been altogether stronger and better after this confinement than any former one, except her first, which occurred in the country about twelve years since. Sleep soon followed the delivery, and I left my patient with a soft compress and the tourniquet upon the body for two hours, when I returned and saw her placed comfortably in bed. She had not one bad symptom, nor yet an after-pain, neither did I give one drop of laudanum.

This excellent recovery is further remarkable from the circumstance that she was seized with a very severe attack of influenza a month only before labour commenced, and when daily expecting to be confined; this seizure was attended with such an acute pain in the right side of the abdomen, upon coughing, that she was obliged herself to press a book upon the part to make it endurable. Opiates, blue pill, and Dover's powder, salines with antimony, were administered with only partial relief; and after suffering a few days, the fever being considerable, and the coughing and pain very distressing, I felt myself compelled to bleed her, which was of great service, and by continuing the antimony, in increasing doses, and the sedative at night, she was in a few days more convalescent, and gradually recruited her usual degree of strength before her accouchement. Her pregnant state, her daily ex-

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pecting to be confined—indeed, she thought her labour had commenced when she sent for me, when suffering such acute pain in the side, and knowing the disposition to flood after delivery—made me most anxious to avoid taking away blood if possible. The cause of flooding in these cases is considered to be a torpor of the uterus, an exhaustion of its energy, and the consequent inefficient contraction of its fibres, and imperfect closure of the mouths of vessels where the placenta was attached: the immediate object of the accoucheur is to put a stop to the flow of blood, and this I have succeeded in doing by the use of the tourniquet and compress; and if contraction of the uterine fibres be not at the same time induced, it must soon follow, for in proportion as the patient recovers from that state of exhaustion, be it more or less, which usually succeeds to delivery, the uterus will acquire contractile power. Time and safety are gained, and relief from much bodily exertion and anxiety of mind, though not of all watchfulness. A cool room, and a quiet state of mind, if possible to be induced, will contribute to the patient's welfare, and the attendant may administer any medicine he approves, according to circumstances, or give none if he prefers.

I hope that I have not overrated the good effects of the application of the tourniquet and compress in cases of flooding after delivery, and sure I am, that if only a portion of the evils attendant upon and following these cases can be in future prevented, a great good will be obtained for many parents and infants.

I feel some desire to state, that early in my professional practice I met with rather an extraordinary occurrence, viz., the expulsion during the last pains of labour of the whole of the uterus entire—the child, placenta, and membranes, unbroken upon the bed. At first I was a little astonished, but the momentary surprise yielded to my doing something towards saving the life of the child; I therefore immediately ruptured the membranes, discharged the liquor amnii, and separated the infant, which soon began to cry, and both it and the mother did well. I had been in the house only a very short time before I was summoned to give this assistance. The labour was quick, and took place at the full period of uterogestation. The mother had borne one child only before, which was then twelve years old.

In the month of October last year, I had the pleasure to see the very good effects of a new midwifery instrument (the whalebone vectis), in the hands of Dr. Conquest, in a case of protracted labour under the care of a lamented friend. A woman, ætat. 35, strong and healthy, in labour of her first child, went on favourably for some hours; the head presented, and the os uteri became fully dilated; but notwithstanding the pains were frequent and forcible for several succeeding hours, the labour made no progress; and as various means had been tried, such as bleeding, secale cornutum, purgatives and salines, and I think a dose of laudanum, without any increased probability of it being soon brought to a termination, it was decided in consultation that the patient should be delivered by the aid of instruments. The os uteri, I have stated, was fully dilated, the ear could be felt above the brim of the pelvis and to one side of the symphysis pubis; the forehead was the presenting part, with the face towards the pubes; not much of the head had entered the superior aperture of the pelvis, and in the absence of pains, the finger could readily be passed round it; and the vagina was so dilatable that a small hand was easily passed within it. Dr. Conquest considered the situation of the head too high up for the safe or favourable employment of the forceps, and that in all probability we should be obliged to resort to the operation of cephalatomia.

Dr. Conquest exhibited to us the whalebone vectis, which he said was the invention of a gentleman whose name I do not remember, but the maker's name is Maw, of Aldersgate-street. He strongly recommended it as a safe and useful instrument, capable of affording all the aid to be obtained by the forceps without increasing the danger. It is formed of a thin loop of whalebone affixed to a handle. This instrument was passed over the occiput with the greatest facility by Dr. Conquest, and traction was made by him and myself alternately during the presence of pains. After a few efforts the head descended a little; by persevering in the traction it was brought without the os externum, in half-an-hour from the time instrumental assistance commenced. Dr. Conquest had some reason to expect that, as the occiput was brought down, the face might ascend, but this did not happen, the instrument being applied to that part of the occiput adjoining the vertebræ, traction brought down the head as it presented, face and forehead first. The child was dead as was expected, no motion having been perceptible for many hours, and the patient had been thirty hours in labour. The placenta was adherent to the uterus, and required manual assistance for its removal. The recovery of the patient was perfect and uninterrupted. I was much pleased to see the delivery effected so easily and by such simple means, and I cannot do otherwise than join Dr. Conquest in recommending this very valuable instrument to those of the profession who may not have seen or heard of it.—*Medical Gazette.*

REVIEWS.

On Gout—Its Cause, Nature, and Treatment. By JOHN PARKIN. Pp. 140. London: Hatchard and Son.

THE cause of gout, Mr. Parkin tells us, is a "specific poison in the blood," and this poison no other than "*malaria.*"—And how, reader, does he arrive at this conclusion? 1st, Because gout is ushered in by "more or less fever," and "lastly, chills and rigors;" that is, it has very much the character of ague; and, 2ndly, like that disease it is *intermittent*, coming on at periods and by paroxysms. So much for its cause and nature. Now for the remedy,—"A remedy, which (Mr. Parkin says) may be considered a SPECIFIC in gout, and actually neutralizing or rendering inert the poison productive of the disease. This *agent is carbonic acid gas*—a medicine which I have attempted to show, in another work, has the property of removing the effects arising from malaria, or at least the principal diseases known to be produced by it, such as fever, dysentery, &c. "The first and most obvious result which has attended the administration of carbonic acid gas, in gout, is that of shortening the paroxysm to a much greater extent than that of any other remedy which I have seen administered, or of which I have heard mention. This has been an *invariable* result (the italics are the author's own), as far as my experience goes."

We believe we have fairly stated the author's views; and we shall now tell him what we think of them. First, then, if he had read Dr. Dickson's *Unity of Disease*, published some years ago, he would have known (what every man of information in the profession now knows) that *all* diseases, however *caused*, are ushered in by "more or less fever," "chills and rigors," and that *all* diseases, moreover, however named, or by whatever caused, are intermittent, and come on at periods and by paroxysms. So that, if Mr. Parkin's mode of coming to a conclusion be received as just, every mortal ill which flesh is heir to is the product of a specific poison, and that poison the phantom *malaria!*—For the benefit of Mr. Parkin, and also for the benefit of those wiseacres who still prate of gout as a something to *neutralize by specific* remedies, we shall make a few extracts from Dr. Dickson's writings, which, to our minds at least, settle the question of what gout is, and what it is not.

In the first place, what does the word "gout" mean? Dr. Dickson tells us, and tells us truly, that it is merely "a corruption of the French word "*Goutte*," a "drop." And this, perhaps (he adds), some may think not so bad a name for a class of symptoms which frequently proceed from "a drop too much." "But what do the faculty of our own time mean by the term gout?" Crabbe, who studied physic, but left the profession in early life to take orders, describes some of the doctors of his time, and among other things he tells us—

> "One to the 'GOUT' contrasts ALL human pain—
> He views it raging in the frantic brain;
> Finds it in *fevers* all his efforts mar,
> And sees it lurking in the cold catarrh."

Gout, then, may be anything you please; for according to received opinion, this offspring of Nox and Erebus, this *vox et prætera nihil* takes shapes as many and Protean as there have been authors to treat of it. This much I may venture to tell you, that nothing will so soon help a man to a chariot as to write a book with Gout for its title—for being supposed to be a disease peculiar to aristocracy, every upstart is fain to affect it. You cannot please a mushroom squire, or a retired shop-keeper better than by telling him his disease is "gout"—"gout suppressed"—"gout retrocedent"—"gout" in this place, or "gout" in that! And what is gout?

> ——"Of all our vanities the motliest—
> The *merest word* that ever fooled the ear,
> From out the schoolman's jargon!"

In sober seriousness, is there such a *disease* as Gout? Gentlemen, as a "counter to reckon by," you may use the word; having first so far made yourselves acquainted with its real meaning that nobody shall persuade you that it is in itself anything but a piece of theoretical gibberish, invented by men who knew as little of disease and its nature as the tyros they pretended to illuminate. When a lady or a gentleman of a certain age complains to you of a *painful swelling* in some of the *small joints* of the hand or foot, you may say if you please that such patient has got the Gout. If the same kind of swelling should appear in the *knee* or *hip* joint, or take the shape of an enlarged *gland* or a rubicund *nose*, you must then change your phrase, and you may easily exhaust a volume in pointing out the differences betwixt them. But as neither this kind of disquisition, nor the baptising your patient's disease by one name or another, can in the very least help you to cure it, it may just be as well to explain that this swelling, like every other malady incident to man, is not only a development of constitutional disease, but comes on in *fits* or *paroxysms*. Now, gentlemen, you will find this fit in one case perfectly periodic and regular in its recurrence; in another not quite so determinate as to the time of its approach. The result of repeated paroxysms, as in other diseases where great heat and swelling take place, must be a tendency to decomposition, and in this instance, the product for the most part is a deposit of chalky or earthy matter. In that case nobody will dispute the name you have given to the disorder—but should the result of the decomposing action be purulent matter, or ichor, instead of chalk or earth—which neither you nor anybody else can know beforehand—you must not be astonished if a rival practitioner be called in to give the disease another sobriquet—to christen it anew by some other phonic combination full as indefinite as the first, and which may thus serve you both to dispute about very prettily from one end of the year to the other, without either of you becoming a whit the wiser! You see then that the only difference betwixt what is called "Gout" and what is called "Inflammation" is that the result of the morbid action in the former case is earthy instead of purulent deposit, a *solid* instead of a *fluid* product. Now, this difference may be accounted for, partly by hereditary predisposition, and partly by the age of the respective subjects of each. Young plants contain more *sap* than old ones, and the diseases of both must in some points vary; the blood of the old or middle-aged man contains the same elemental principles as that of infancy and youth, but these being in different proportions, the results of decomposition must *mutatis mutandis* be different. What are the CAUSES of Gout? One writer says one thing; another, another. Dr. Henry Holland is among the latest who has written upon the subject, and he says the cause is "a *morbid* ingredient in the blood:" nay, he says "it cannot be denied." But

not only do I presume to dispute the dictum, but I challenge him to bring forward a tittle of proof in support of it. His whole doctrine of gout, I apprehend, is a fallacy; for if you enquire, the patient will tell you that he took too much *wine* the night before his first fit; or that he had got *wet*; or had been exposed to the *east wind*; or had been *vexed* by some domestic matter. So that you see the causes of gout are anything and everything that may set up any other disease,—smallpox and the contagious fevers of course excepted. A paroxysm of gout has been actually brought on by *loss of blood* and also by a *purge*, for which statement I have the authority of Parr and Darwin. What then is the remedy? If you ask me for a *specific*, I must again remind you there is no such thing in physic; and, what is more, the man who understands his profession would never dream of seeking a specific for any disorder whatever. No; the remedies for gout are the same as cure other diseases; namely, attention to temperature *during the fit*, and the exhibition of the chrono-thermal or ague medicines *during the remission*; for we have seen that like the ague it is a periodic disorder, and such is the description of it given by Sydenham, who was half his life a martyr to it,—to say nothing of Dr. Samuel Johnson's explanation in his dictionary. That it comes on like the ague with cold shiverings, the experience of every case will tell you; but as your minds may be too much occupied with school theories to mark this fact for yourselves, I will give it to you in black and white in the words of Darwin. Speaking of some cases of the disease, he says: "The patients, after a few days, were both of them affected with cold fits, like ague-fits, and their feet became affected with gout." To meet it in a proper manner, you must treat the disease purely as an ague. With quinine, arsenic, opium, and colchicum, I have cured it scores of times, and truth obliges me to say I have in some cases failed with all. Now, what can I say more of any other disease? That a perfect unity of type pervades all disorders is indisputable, and of the correctness of a unity of treatment, there can be as little doubt. What then are the school divisions but "flocci, nauci, nihili, pili!"

These extracts Mr. Parkin may digest at his leisure—how far they apply to his *specific* cause, malaria, and his *specific* remedy, carbonic acid gas, our readers can determine for themselves. This much, however, we can assure them; that, when we find an author asserting that any remedy acts *invariably* with advantage in any disease, we *invariably* look upon him as a knave or a fool.

The Retrospect of Practical Medicine and Surgery. Edited by W. BRAITHWAITE, M.R.C.S., &c. No. III. January to June, 1841. Pp. 216.

ANOTHER number of this excellent little work has just appeared; and really the more we see of it, the better we like it; and the more convinced are we of its practical utility to professional men. That its merits have been duly appreciated by the profession must be highly satisfactory to Mr. Braithwaite, who is deservedly entitled to their thanks for this useful addition to our medical literature.

Having on a former occasion pointed out the peculiar grounds on which this work is entitled to public approbation, we deem it wholly unnecessary now to enter into any analysis of its object. But there is one feature in the present number, which, if it does not add much to the value of the work, is at all events highly interesting; and that is a brief summary which Mr. B. has given at the end of the number, presenting a bird's-eye view of the progress of medical science during the last six months. A survey that displays the rapid strides which are daily being made in medical science. We perceive the editor announces his intention of including an analysis of French and German periodical literature, in future numbers; by so doing, he will open up rich mines of information, which are unfortunately not sufficiently explored by many in this country, and greatly enhance the value of his book

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TO CORRESPONDENTS.

THE EDITOR OF THE LANCET *lately stated, that by the present regulations of the various Medical Bodies, it is totally impossible for the students of that profession to allow their minds to wander to other subjects, and that all accomplishments must be abandoned. We would place in contrast with this the following communication of a correspondent from King's College:—*

"SIR,

"*On Monday last we had a very good concert, when the gentlemen of our Philharmonic Society, who have been in training for six months, poured forth their voluminous tones in undistinguishable harmony upon us. I hope, Sir, you will compliment us, I mean them, in your valuable journal.*

"*I am, Sir, yours truly,*

"*June 29th,* "THE CHOUGH AND CROW."

CASE BOOKS AND STATISTICAL REGISTRIES. — *In reply to the question asked concerning these in the notes to correspondents, June 9th, No. 89, we find in Messrs. Farr's British Medical Almanack of 1837, that Messrs. Sherwood, Gilbert, and Piper, Paternoster-row, then proposed to publish blank schedules, printed for taking out the cases, and also for the common hospital registry.* "*Next year we shall show that the same form of table employed by private practitioners would furnish results equally interesting.*" *p. 200. Subsequently they state that they should publish a statistical registry for hospitals and private practice; also lined books for taking out and classing cases, according to age and other circumstances, accompanied with the necessary explanations, examples, and short rules for deducing results.*" *p. 216. Case Books and Registries executed in this manner is a great desideratum, not to the drones, but to the working bees of the profession. Those that have been hitherto used are extremely defective and unscientific, and arranged by stationers and persons who know but little of the thing wanted, and the proper heads required by the medical statist. Hughes's case is wrongly headed and arranged, but cheap and convenient; Mr. Wilton's, published by Longman, was a good entry and well defined classification of points of enquiry, but suited only to the report of complicated and difficult cases, and too expensive for general use.*

THE MEDICAL TIMES.

THE EFFECTS OF SCARCE AND HIGH-PRICED CORN AND PROVISIONS ON NATIONAL MORTALITY, ETC.

"Agmine facto
Debuerant olim Tenues migrasse QUIRITES.
HAUD FACILE EMERGUNT, quorum virtutibus obstat.
RES ANGUSTÆ DOMI, sed Romæ durior illis
Conatus: magno hospitium miserabile, magno
Servorum ventres, et frugi cenula magno."

Juvenal by Lubinus, Sat. iii. l. 165, *et seq.*

"How poor the privilege is become
Of being born a Citizen of Rome!
Look around the world, what country will appear,
Where friends are left with greater ease than here?
Look round the habitable globe, how few
Know their own good, or knowing it pursue.
THE POOR *were wise who by the* RICH *oppress'd,*
Withdrew and *sought a sacred place of rest.*
Once they did well to free themselves from scorns,
But *had done better never to return.*
Rarely they rise by virtue's aid, who lie
Plunged in the depths of helpless poverty.
The POOR must gain their bread by perjury;
And e'en the Gods that other means deny,
In conscience must absolve 'em, when they lie."

Juvenal translated by Dryden, Sat. iii.

To continue the subject from the results at which we broke off, we affirm that these are not the *sole* consequences of our iniquitous Corn Laws and other odious monopolies, in prohibiting and restricting the necessaries of life. The consequences resulting from the public being taxed to bear the pecuniary encumbrances of the landowners, and to provide for the "GENTEEL POOR," as 'Squire Ruggles humorously denominates them, are not the sum or substance of all that can be urged against that crushing Juggernaut of high pauperism and national misery. The new point elicited is this fact, which we have never seen referred to by public speakers, or newspaper writers, nor by any other senator than Mr. Villiers, in his speech of 1840, on the Corn question, from the statistical details of a medical statist at Manchester. Dr. Bisset Hawkins's important remarks have slept on the shelf between the leaves of the Medical Cyclopædia, perhaps unexplored by an apathetic and indolent profession, who seldom read, though men can know nothing without it. At all events, this grievous fact has been established by medical statistics, that when corn is at a high price and of an inferior quality—a concurrence which is very usual—one person in every seventeen of the population is rendered liable to the risk of being starved or half-poisoned to death, by adulterated bread, made of mixed British flour, or foreign wheat of inferior quality, indeed half-spoiled in the voyage, and other unwholesome substitutes. The attention of ourselves and our brother was called to this fact, in a botanical excursion down the river Wye, in 1829: a female herbalist offered us bread, and explained the difference between it and good bread; it was gritty and ill-tasted. But indeed the farmers, at table on the market day, admitted the fact, and charged it on the millers. We have been informed by several families that the bread, in the wet and scarce year of 1817, when the great mortality ensued, was abominable, black in colour, stringing out like gum or glue, and having neither the quality nor flavour of wholesome bread. It would be instructive to make research for the details of that year's catastrophe, and republish them. We may well exclaim with Young:—

"How populous, how vital is the grave."
* * * * "Want and incurable disease, fell pair,
On hopeless multitudes remorseless seize
At once, and make a refuge of the grave:
How groaning hospitals eject their dead;
What numbers groan for sad admission there,
What numbers, once in fortune's lap high-fed,
Solicit the cold hand of charity!
To shock us more, solicit it in vain."

Night Thoughts.

Only think of the death, all in one year, of the seventeenth part of the whole population of England and Wales, to gratify and keep safe the private luxury and extravagance of that "*Classe Privilégiée*," or PRIVILEGED CLASS, which England groans under, and which the sons of the divine Cornelia, the Two GRACCHI, Tiberius and Caius, resisted to the death at Rome, not as in her lowest adversity, as is the state of England, but in her greatest prosperity—which the French cut off and cast out of the land, for feeding none but the oligarchs and priests, and driving twenty-eight millions of people up into a corner, and starving them to death! Did they not cry for bread? and did not the aristocrats give them a stone? O, shade of Mirabeau, would to God thou wert now alive! Mr. Wakley has quoted the high authority of M. Guizot, who asserts from history and facts that "when the system of castes succeeded that of classes, *society fell into stagnation!*" What do we

see save stagnation in England now? The ridiculous division of society into 60 EXCLUSIVE CLASSES, with separate interests, says Mignet, was one of the fundamental causes of the first French Revolution. But oligarchs and monopolists must be brought to their senses, and feelingly persuaded what *they* are, or the middle and lower classes will all be brought, year after year, to bankruptcy, insolvency, and beggary, and the greedy oligarchs and monopolists left in a populous solitude and desert of woe and calamity, to lord it over all the land.

Bisset Hawkins, who made the above calculation, adds these admirable remarks, which it is the interest of every oligarch and monopolist to ponder well, and take timely warning from the lesson: we advise every Englishman who lights upon this article, to read it—to read it over and over again, *pro aris et focis*, to his wife and his family, his man-servant and maid-servant, and all that is his, if he wish to save his household gods."

The *price* of corn has a most marvellous influence on the movement of population and disease. We have not a sufficient number of data to enable us to estimate the exact amount of its influence, but we shall assuredly not be mistaken in classing it among the most *energetic* causes which press on the *operations of life*. The influence extends not only upon DEATHS, but upon BIRTHS; it affects also the number of marriages—[These two are but innocent offences in the present redundancy of population.—ED.],—of diseases, and even of crimes. Variations in the price of corn, then, form one of the most serious changes which can occur on the surface of a State; they may insensibly lead to the most unexpected and formidable results; and we may affirm, with confidence, that one of the most important duties of Government is to temper and diminish as far as possible all those circumstances which promote those fluctuations in the price of the *most necessary* article of all which man can purchase."—(See *Art. Medical Statistics, Cyclop. of Med.*, vol. iv, p. 62, 1835.) Dr. Bisset Hawkins has here anticipated, six years previously, the important and final opinion of a first-rate authority, Dr. Mac Culloch, and many others, who consider the exaggerations of hope and fears, on both sides, as all humbug; for all that is wanted is a fixed instead of sliding scale, which promises to prevent fluctuation; but if all the protecting duty was taken off, any apprehended diminution would prove to be a baseless bugbear!!!—See *Corn Laws, by J. R. Mac Culloch, Esq.*, pp. 21, 23; 1841).

Dr. Bisset Hawkins, yet pouring the incessant droppings of imperishable truth, further observes: "An abundant supply of the necessaries of life, and even of the luxuries of life, has a proverbial agency in inducing longevity, and if we add to an easy condition of life *the more rare gift of a tranquil mind*, we shall have enumerated the two circumstances which are best calculated to ensure it."—(p. 63). It is also shown by Dr. Bisset Hawkins, in a series of statistical tables, and from the census of 1832, that the annual mortality is on the increase more than at any previous period. The causes of this increased and increasing mortality in England are chiefly, we presume, the bankruptcy and insolvency of hundreds of the merchants, bankers, manufacturers, and commercial men in this country, and the general distress of the middle, and the high pauperization of the low, classes. Indeed all the pleasures, the pains, and miseries of life, and length of days, depend on the abundant or scanty supply of the necessaries, and even *luxuries*, of life. As Dr. Hawkins says, without cant and humbug, for which the unco' righteous and hypocritical part of English society are so notorious: "The good or bad condition of the people, the possession of the necessaries of life, or the absence, the mildness or rigour of the mode of government, the advance or retrogression of knowledge, are the principal circumstances which influence the results of mortality, whether more or less, and as these things are"!!!—(p. 62).

APHORISMS OF PRACTICAL SURGERY.

BY M. DUPUYTREN.

DR. BIGAL, a pupil of the late Surgical *Chef* of France from the year 1818 to 1822, has published a series of aphorisms drawn from the lectures delivered by him at the Hotel Dieu. They amount to ninety; we shall select what seem to us to be the most valuable.

1. When the tibia and fibula are fractured at the same time, the seat of the fractures of the two bones is never at the same point.

2. The fracture of the upper part of the fibula is always a direct fracture, and is never produced by a *contre-coup*, as *Pouteau* has asserted. The patients may be able to walk about immediately after the accident. It differs from fracture of the lower part of the bone, both in its producing cause, in the absence of displacement of the fragments, and lastly in its mode of treatment, as nothing is required for the cure but rest.

3. Fracture of the lower end of the radius is often mistaken for luxation of the carpus backwards, and the true nature of the accident is not discovered during the formation of the callus. It is then found that the carpus projects backwards, and the ends of the radius forwards; that the extremity of the ulna projects towards the inner side of the fore-arm; that there is a sinking in of the radius, as if it had been cleft by a hatchet; and that the inter-osseous space, so necessary to the movements of rotation, is effaced.

4. Surgeons are very apt to commit mistakes in their diagnosis of the different fractures to which the fore-arm is liable; and yet it is most necessary for the judicious treatment of each, to have formed an accurate opinion of what accident has taken place. The most frequent fracture of the fore-arm is that of the radius alone; next, that of the two bones together; and lastly, that of the ulna alone. In the treatment of fractures of the fore-arm, it is always proper to place two graduated compresses, one on the palmar and the other on the dorsal surface of the limb, and also two splints, and a roller to be passed circularly round: this bandage has the advantage of keeping the two bones apart, and of maintaining the inter-osseous space.

5. A fracture of the patella is never united by a perfectly-formed callus within eighty days or so. The provisional callus, which exists at the end of about thirty days in other fractures, is not sufficient here.

6. What renders the consolidation of fractures of the patella difficult, is that the fibrous tissue which is necessary to the formation of the definitive callus, exists on the anterior surface only, and not on the posterior surface, of this bone. The neck of the thigh-bone is nearly in the same condition.

7. Whenever, after forty or fifty days of the treatment of a fracture, the callus becomes painful, we have reason to fear that it either has given way, or is about to give way, and that the limb will become deformed.

8. Hæmorrhage from the ear, accompanied with coma, almost invariably indicates a fracture of the base of the skull.

9. Dislocations of the phalanges, are usually very difficult to be reduced; much more so than those of large joints. The cause of this may be, that the lateral ligaments remain entire; but *Dupuytren* was of opinion that it was attributable chiefly to the displacement of the tendons, and their escape from the grooves in which they play.

10. There is one sort of luxation of the shoulder, which is exceedingly difficult of reduction; viz., that in which the head of the humerus is directed inwards and upwards, and which is usually occasioned by a fall down a staircase. The displacement is to a considerable extent; the head of the bone touching the clavicle, and being situated above the level of the coracoid process.

Dupuytren determined by numerous experiments on the dead body, that the main obstacle to the reduction is that the beak of this process is often entangled in the substance of some tendon or muscle; when such is the case, no mechanical effort can overcome the resistance without danger.

11. Various accidents may arise from falling with force upon the feet; as, for example, fracture of the heads of several of the metatarsal bones, fracture of the os calcis, rupture of the vault of the foot in consequence of the ligaments being lacerated, luxation of the astragalus, and comminuted fracture of the tarsal extremities of the tibia and fibula.

12. No disease is more difficult of cure than paralysis of the arm induced by dislocation of the humerus. The paralysis seems to arise from the stretching, compression, and perhaps also partial rupture of the nerves, which form the brachial plexus. Often no remedial means are of any avail.

13. Congenital ruptures present this peculiarity, that the seat of their strangulation is most frequently in the neck of the herniary sack, and not at the ring. *Wilmer* has made this remark; and *Alanson* also has observed, that almost all the cases, in which the stricture is situated in the neck of the sac, are cases of congenital hernia.

14. The strangulation at the orifice of the herniary sac is very common, whereas it rarely takes place at the orifice of the ring;—this opinion is not shared by all authors on the subject. (Indeed the very opposite doctrine is maintained, we believe, by many surgeons. Were *Dupuytren* right, the operaton of dividing the ring without opening the sac would be almost invariably fruitless.—*Rev.*)

15. Whenever vomiting ceases during the inflammation occurring in cases of hernia, we may be almost assured that the intestine has become gangrenous.

16. There are few patiens so apathetic and *insoucians* as those affected with diseases of the urinary passages. (We should not have thought that urinary and rectal diseases have usually appeared to us to give rise to

more than ordinary anxiety and depression. This is often the case in *renal* disease.—*Rev.*)

17.—Few diseases are more difficult to cure *radically* than a very tight (*très-grande*) stricture of the urethra. For, after the canal has been widened by the prolonged use of bougies, there is always a great tendency to relapse of the disease. It is then that cauterisation becomes useful, because we thus obtain a cicatrix *moulded* upon the bougie.

18. There are cases of stricture, &c., in which the keeping of an instrument in the urethra instead of being a means of cure, becomes actually an obstacle to it. *Dupuytren used to cite* several instances of urinary fistulæ cured by the mere withdrawal of the sound.

19. All the diseases, which proceed from contraction of the urethra, are almost invariably the result of previous attacks of gonorrhœa. The size and force of the stream of urine gradually become less and less, then it escapes only in drops, and at length there is perhaps a complete retention—a state that is usually followed either by paralysis of the bladder, or by rupture of the urethra at some point, and the effusion of the urine into the cellular substance of the perineum.

20. We frequently meet with abscesses about the anus or in the perineum in phthisical patients; and it is often dangerous under such circumstances to operate, as the thoracic symptoms are very apt to increase, when the local disease is meddled with.

21. Ulcerations situated between the toes are usually very difficult to heal; this seems to be owing to the lodgment of the discharge, the admixture of the perspirable matter with it, and the constant contact of the ulcerated surfaces.

22. Of all cases of caries, the most dangerous are those in which the sternum is affected; for, when once the spongy texture of this bone becomes diseased, very troublesome fistulæ are formed, and the patient generally sinks under the effects of the disease.

23. Caries of the crest of the os ilii is a not unfrequent cause of symptomatic abscess in the lumbar and sacral regions.

24. It is a fact of almost constant occurrence, that diseases of the upper part of the thigh are felt, so to speak, at the knee, and also that those of the upper part of the humerus are felt at the elbow.

25. After amputation of the limbs, affections of the chest often supervene. Whenever we have cause to apprehend this occurrence, we should have recourse to blisters over the chest.

26. It is a curious circumstance that, in certain individuals, after lithotomy, or other great operations, an abscess is apt to be formed in the calf of the leg: we cannot form any idea how this should be; but so it is.

27. In hospitals we often observe cases in which a succession of abscesses, in almost every part of the body, takes place, without any previous local or general inflammation. Such cases surely afford a proof of a purulent diathesis of the system.

28. Ambulatory or eratic erysipelas usually terminates in the formation of abscesses. These abscesses generally form without pain, and often without the patient being at all aware of their development. Such an occurrence is too frequently the image and counterpart of what is going on in some internal part; a slow inflammatory action is set up, and terminates in suppuration, without either pain, fever, or any outward symptom being manifested.

29. It is a well-known fact that all abscesses caused by small-pox exist between the periosteum and the bone, with tumefaction of the latter, and subsequent formation of a sequestrum; but, in the majority of cases, this cause produces only a swelling of the bone, with denudation. It is important to distinguish these two sets of cases.

30. Syphilitic exostoses do not always disappear, although their primary cause has been entirely removed.

31. The sudden extension of the fingers, when they have been long bent (in consequence for example, of the contraction of the cicatrised integuments after a burn), is not unfrequently followed by gangrene. The extension should therefore be slow and gradual; and we should avoid dividing or excising the bridle caused by the contracted cicatrix.

32. It is not prudent to divide the frænum by phymosis during the existence of a gonorrhœal discharge, as the wound is then apt to degenerate into a troublesome ulcer.

33. In all diseases of the neck of the uterus, the posterior lip of the os tincæ is more deeply affected than the anterior one.

34. In general, in affections of the brain, the effects of purgatives on the bowels are much less powerful than usual: for example, five or six grains of tartar emetic, and several ounces of epsom salts, will often not produce either vomiting or purging. In these cases the oleaginous purgatives, as castor oil, croton oil, &c., succeed best.

35. Hiccup, occurring in the course of diseases, is usually only a nervous complaint. Shivering is a much more dangerous symptom; it generally indicates the development of some internal mischief.

36. Patients, suffering from extensive and severe burns, have almost always a very constipated state of bowels. We should not be too anxious to remove this state, as it does not seem to give rise to any inconvenience; and, when strong purgatives are used, a most troublesome diarrhœa often ensues.

37. In the majority of cases of fatal burns, the internal surface of the stomach and of the intestinal canal is found to be highly injected. In the treatment therefore of severe injuries of this sort, the surgeon's attention should be directed to the condition of these parts.

38. Very severe burns often induce fatal tetanic symptoms.

39. Enemata with laudanum, are the best means that we can employ to relieve the accidental and transitory delirium, which often accompanies surgical diseases.

40. When a cataract forms in youth, it is almost always in the membrane of the lens; whereas in old age it is the substance of the lens itself that becomes opaque.—*Journ. des Con. Med. Chir.*

ROYAL COLLEGE OF PHYSICIANS IN LONDON.

List of gentlemen admitted members, June, 1841.—Charles James Cox, 3, Beaumont-street, Portland-place; — Collier, Fitzroy-square; — Harrison, Gower-street; — Stirling, London.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, July 2nd, 1841.—Charles McCarthy, John Stratford Collins, Thos. Beale, George Codd, George F. Blacker, Hervey P. Haydon, Edward Vise, Thomas Guy, Frederick Wood, George B. Portus, Richard W. Perry, Maurice Spotswood, Robert Buchanan, Wm. George Tiley.

ON CROTON OIL IN NERVOUS DISORDERS.

By JOHN COCHRANE, Esq. Surgeon, in Edinburgh.

In the second number of the Edinburgh Monthly Journal of Medical Science, p. 139, I observe a few remarks in reference to the efficacy of Croton Oil, as employed by Sir C. Bell, Drs. Newbigging and Janelli, in certain nervous disorders. It is my favourite remedy in affections of this description, and my experience of its peculiar efficacy is of several years' duration. In epileptic disorders, I have, I may say, invariably found it highly satisfactory to myself, and of the greatest advantage to the patient, by its speed in subduing the violence of the fits, and inducing a calm and tranquil condition. In confirmation of what I thus state, I subjoin three cases.

Some time ago I was called to attend a patient aged about thirty, of a strong and robust constitution. When I first saw him, he was outrageous, and could not easily be managed by four strong individuals. His gestures, deportment, and violence were such as would have induced many practitioners to have had recourse at once to the straight jacket, but to me they occasioned little alarm, as I knew well the certainty of my remedial agent speedily producing an effect, at once useful to the patient, and gratifying to those around him, I prescribed as follows —

℞ *Ol. Tiglii* gtt. x
Muc. G. Arab.
Syr. Simp. a a ʒi. Misce.

Sign. Give a teaspoonful every ten minutes till he become calm.

Half-an-hour had scarcely passed when he became quiet, and at the end of the hour, he had so far recovered as to be able to sit up in bed, and give rational replies to every question, whereas, before he got the medicine, he could scarcely articulate one word distinctly. Under the use of the above remedy, this individual ultimately so far recovered as to be able to follow his usual employment as a house painter.

In December, 1839, I was called to attend a female patient, whom I found in bed completely prostrate, and apparently insensible to everything around her. In fact she was completely comatose,—her pupils were greatly contracted, her pulse could scarcely be felt, and, in fine, she seemed all but sunk into the sleep of death. The remedy which I employed in this case, was the croton oil, in combination with mucilage and castor oil, thus proportioned:

℞ *Ol. Tiglii*, gtt. viij.
— *Ricini*, ʒiij.
Mucil. G. Arab. ʒi. Misce bene.

Sign. Enema. To be administered in a quart of gruel.

Though I employed the above potent remedy, I must say, I scarcely expected any good to result from it; but to my great joy and satisfaction, it had a most beneficial effect upon the patient, not by producing an alvine torrent, but by occasioning a very copious discharge from the bowels per anum, as well as from the stomach, by vomiting, together with a return of sensation and motion, and the use of her mental faculties. Indeed, the effect of the medicine was truly astonishing, for when I left her, she seemed all but dead. On my second visit, only a few hours afterwards, she was able to sit up in bed and converse with those around her.

The following case I deem of great importance in regard to the effects of croton oil. It did not occur in my own practice, but in that of a gentleman in whose testimony I can

Place the utmost confidence. About two years ago he was called to see a Mrs. E., who had been ill for about a fortnight. Her disease appeared to depend entirely upon obstinate constipation, to remove which, the medical gentleman who had been previously in attendance upon her, had used a great variety of powerful purgatives, which failed to produce the desired effect. My friend was at this time in the habit of prescribing croton oil very freely, and considering this a good case for its exhibition, he ordered her to take eight drops, which, though a large dose to commence with, proved ineffectual. After a few hours, he repeated the medicine in small doses, till the patient had taken in all fifteen drops within twelve hours, when the bowels were freely opened. The purging which followed gave immediate relief, and Mrs. E. rapidly recovered, without suffering any injury from the large quantity which she had taken of this powerful oil.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 22, 1841.

Dr. Williams, President.—'On Congenital Tumours of the Pelvis,' by Edward Stanley, F.R.S., Surgeon to St. Bartholomew's Hospital.—The object of the paper is to point out the various forms of congenital tumour of the pelvis, the discrimination of which becomes important with reference to the question of their removal by operation. Four cases are related which, it is believed, embrace the chief varieties in the character of these abnormal productions, and which are arranged under the following heads:—

First, the cases wherein the tumour is composed wholly of morbid structure, such as solid fibrous tumours and membranous cysts.

Secondly, the cases wherein the tumour is composed of morbid structures in conjunction with isolated portions of perfectly-formed animal organs, having no other relation to the living being with which they are connected, than as they are dependent upon it for the means of nutrition and growth: these cases, it is added, must be considered to belong to the class of parasitic monsters.

Thirdly, the cases wherein the tumour being of the nature of spina bifida, consists of a membranous cyst communicating with the theca vertebralis.

Fourthly, the cases wherein the tumour consists wholly, or in part, of membranous cysts, communicating with the spinal canal, but externally to the theca, between this and the surrounding bony walls of the canal.

In all the cases here described, and in others to which reference is made, the tumour was attached to the external and posterior part of the walls of the pelvis, and consequently its situation was such as to allow of its removal by operation, provided there was no objection, either from the depth of its attachments, or from the continuity of any part of it with the membranes of the spinal marrow, or other of the external organs of the body of the child to which it was united.

In one of the cases here related, the congenital tumour, of large size, was removed with complete success by the late Mr. Thomas Blizard. The tumour, which is preserved in the museum of the Royal College of Surgeons, consists of distinct solid fibrous substances, and of an isolated portion of intestine, three inches and a half in length, closed at each end, and having at one end a narrow process continued from it of the exact form of an appendix vermiformis. In the progress of the removal of the tumour this intestine was opened, and there flowed from its interior a fluid closely resembling meconium in its colour and consistence. The author of the paper states, that an analogous fact of the production of a fluid, exactly like meconium in its appearance, without the existence of a liver, or other distinct hepatic apparatus, occurred to his observation in the dissection of an acephalous lamb, in which, with the malformation, the liver was wanting, and the intestines were filled by a thick fluid, dark-coloured, but which, when diluted, presented the yellow colour of bile, but it had not a bitter flavour.

Mr. Macilwain inquired of the author of the paper whether in all the cases related, an examination of the viscera had been made, and if so, whether they were in a healthy condition.

Mr. Stanley had only examined the first case, and could not speak positively to any of the others. In that case the viscera were normal; in the second case the child lived until it was thirteen years of age, and then died of consumption—a fact favourable to the opinion that the viscera in this case were also healthy.

Mr. Macilwain did not coincide in this opinion.

Dr. Hodgkin observed, that agreeing as he did with the author of the paper in the distinctions which he had drawn between the several interesting examples of congenital tumours which he had brought forward, he thought that one of the forms required subdivision. One class evidently consisted of adventitious growths, anatomically allied to the compound serous cysts, such as many ovarian cysts, fungoid tumours, and the like; another belonged to the cases of spina bifida; and a third from the structures which they contained were associated with cases in which the whole, or a part of one foetus, had become inclosed in or blended with another. It was this class which Dr. H. believed would require subdivision, seeing that more or less of one body might be united to, or inclosed in, another, from one of two causes; in such cases as that instanced, by way of illustration, in which a part of a foetus was found in the tunica vaginalis. In Highmore's cases, and in several others, in which such tumours, containing distinct organs, were found in the ovaries, or other parts, there seemed to be essentially the germs of two individuals: such was also the case with the Siamese twins, in which two perfect individuals were united. Other cases, however, seemed rather to belong to a class depending on a single individual, branching off, or becoming double at a particular part, as in the example of Christina Ritta, an infant, single from the waist downwards, but completely double upwards. In all the instances of this class the attachment of the supernumerary parts was to a corresponding part of the principal body, though the development of the supernumerary part might be very imperfect beyond it. Dr. H. adduced the case of a goose which he had examined, which grew up to maturity, having connected with the posterior part of its body the posterior and imperfectly-developed part of a gosling attached to it by corresponding parts. Diagrams, or a reference to preparations, would make this view, which he was not offering as novel, much more intelligible than a mere verbal allusion could do.

Mr. Stanley inquired if any member had met with a collection of bile in a foetus in which there was no liver, or other apparatus for the secretion of that liquid. In human foetuses, and in an acephalous lamb, he had found a fluid exactly resembling bile in colour, although free from its bitter taste, and in these animals there was no biliary apparatus.

Dr. Weatherhead considered that a previous question suggested itself before an answer could be given to the one proposed by Mr. Stanley: Was the liver the only organ which did or could secrete bile? He thought the mention of one or two facts connected with this point would decide that the liver was not an essential organ in the formation of the biliary secretion. We knew that in jaundice the urine exhibited the presence of bile in large quantities before the surface of the body became tinged with yellow. This could be explained in one or two ways; either that the kidneys separated it from the blood, or that in cases of jaundice the liver ceased to secrete bile, and the kidneys took on that function. He thought the latter explanation the most likely to be correct. Magendie had shown by experiments that a very small quantity of bile injected into the venous system rapidly proved fatal; a fact which made it probable that the bile could not pass into the circulation, as was supposed, in cases of jaundice.

Dr. Furman remarked, that as there was no bitter principle in the fluid found in Mr. Stanley's cases, it was probable that it was not bile at all. With regard to the experiments of Magendie on bile, he believed that it was only in those cases in which the fluid was inserted into the circulation, so as directly to reach the heart, that it proved fatal. When inserted into the vena porta, so that it could pass through the liver, no fatal result followed.

'Pathological and Surgical Observations on the Diseases of the Ear.' By Joseph Toynbee, Esq. Presented by Dr. R. Bright.—The present paper is the first of a series which the author hopes to lay before the society on the same subject, and contains the details of forty-one dissections of the internal ear in patients who have died in hospitals and infirmaries of various diseases, and of whose faculty of hearing, as to the greater number at least, the author was uninformed. The following is a concise view of the state of the cavity of the tympanum in these cases:—

1. In a healthy state	10
2. With simple thickening of the investing membrane	6
3. With bands of adhesion passing from various parts of the cavity of the tympanum, most frequently connecting the stapes to its circumference	4
4. With slight thickening of the investing membrane, accompanied by the existence of adhesive bands	13
5. With considerable thickening of the investing membrane and bands of adhesion	5
6. With suppuration of the cavity of the tympanum	1
7. With anchylosis of the base of the stapes to the circumference of the fenestra ovalis	2
	41

"The large proportion of specimens which are undoubtedly in a diseased state," says the author, "is very surprising; but it may be less so when I state that many persons whom I have examined, and who have considered that they hear perfectly well, cannot distinguish the ticking of my watch at a distance of two and a half feet, and in some cases of four or five inches only, though the same watch can be heard by a healthy ear seven or eight feet from the head. I am, therefore, disposed to believe that the function of the ear is impaired much more frequently than is generally supposed."

The author concludes his paper with an invitation to members of the profession to inspect the preparations described in his paper.

At the conclusion of the paper,

Dr. Mayo rose and proposed that, in consequence of there being still several papers in the hands of the secretaries, there should be another night of meeting during the present session, to be devoted entirely and solely to the purpose of reading the papers, and that there should be no discussion upon them. Much time had been lost during the session by the latitude which had been given to discussion. They were not assembled for the purpose of hearing fine speeches and oratorical displays, in which some of the members indulged, entering as they did into topics altogether foreign to the papers which had been read.

Mr. Cæsar Hawkins seconded the motion of having another meeting this session, and proposed that only the abstracts of the papers should be read, in order that no paper should stand over until the next session. Many members were anxious to have their papers in the forthcoming volume of Transactions, which could not be effected unless the papers, or the abstract of them had been submitted to the society. As many of these productions might lose much of their novelty and interest by laying by, he thought the authors would have an injustice done them if their papers were put by until the next session.

Dr. Copeland agreed with the remarks of Dr. Mayo respecting the discussions which had occasionally taken place. In many instances the speakers had been allowed to go into matters totally irrelevant to the subject before the society, instead of keeping, as they ought to have done, to the few pratical points which might be suggested by the author. Were this to be the rule of the debate, the discussions would be much shorter, and more papers might be read. He thought instead of having an

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extra night of meeting, and reading only the abstracts of the papers in the hands of the secretaries, more justice would be done to the authors if their productions were read in full at the commencement of the next session.

Mr. Perry had reason to know that most of the authors whose papers were in his hands, would prefer that an abstract of them should be read this session, rather than that they should be read in full next session.

Dr. Weatherhead and Mr. Macilwain spoke in favour of free discussion, and the advantages which the members derived from it.

Dr. Webster came to the society chiefly with the view of hearing the discussions which took place, and which in his opinion formed the most va uable portion of the proceedings, because the members could read the papers at their leisure, when published in the Transactions. During the two past sessions no one could doubt that the debates following the papers had been most attractive and useful; had there been no discussions, all the valuable observations of their late president, Sir B. Brodie, who almost invariably made some remarks at every meeting, would have been lost to the society and the profession. He (Dr. W.) trusted that no obstacle would be thrown in the way of full and fair discussion.

The President was always willing to be guided by the members of the society at large. He did not, however, recollect any instance in which he had allowed irrelevant discussion. His own opinion was, that the society was chiefly valuable as a debating society, and this he believed was the general opinion. Free discussion was of service, not only as showing the opinions of various practical men on many important points, but also by stimulating the authors of papers to take more care in their productions, knowing as they did that their merits would be discussed. The advantages of free discussion might be illustrated negatively by what had occurred in the College of Physicians; that learned body had prohibited all debate on papers read at their meetings: and what was the consequence? Why, not only had they been unable of late to publish a volume of Transactions worthy of any scientific body, but the papers brought before them were so worthless, that their publication would have disgraced the college Should the Medico-Chirurgical Society prohibit free discussion at its meetings, he much feared that it would be reduced to the condition of the College of Physicians.

ON GANGRENA SENILIS.

By JOHN GREGOR, Esq., Surgeon at Nairn.

J. R., a hale active old gentleman, aged 75 years, had been complaining much of pain in the little toe, and sole of the right foot, for some days before I saw him, attributed to the wearing of a tight boot. When I visited him for the first time on the 4th of May, 1840, he stated that he was tolerably free from pain during the day, but that in the night-time it was so severe, as completely to interrupt his rest. He suffered from no pains elsewhere, and his general health was excellent. Both extremities were in appearance natural, with the exception of very large varicose veins; those of the affected one became preternaturally turgid during an attack of pain, but the limb neither changed colour nor temperature. This state of occasional suffering rather abated for the first five days on the use of opiates, frequent anodyne frictions, and the horizontal posture, but afterwards increased, and on the eleventh day, a dark livid streak was observable on the little toe, which very soon after became gangrenous, and a line of demarcation began to be formed at the middle of the third phalanx. A tedious suppuration ensued, which occupied two months, and when the bone by the ulcerative process was exposed, it was nipped through by the bone forceps, and in a little time the sore presented a seemly cicatrix. During the above period, the pain was subject to exacerbations, and was particularly referred to the plantar aspect of the foot. Over the dorsum an erythematous blush would occasionally appear, but the general health continued unimpaired. There was no pulsation in the popliteal artery. I consider it unnecessary to describe minutely the treatment pursued. It consisted in duly regulating the bowels by gentle laxatives, supporting the powers of life by a cautious administration of nutritious diet, wine and quinine, and allaying pain and irritation by large and often repeated doses of morphia, and other powerful narcotics.

The local applications were the common linseed poultice (at times made with yeast and port wine,) hot dressings, and nitric acid lotion to the ulcerating surface; and to the inflamed dorsum, a free dusting with chalk and camphor powder.

Excepting temporary uneasiness and coldness in the affected foot, my patient continued tolerably well for seven weeks, and able to take moderate exercise, having his limbs well supported by a bandage.

Towards the end of August, the pain, particularly in the night time, became most severe, accompanied very often with extreme coldness and numbness, and a phlyctena made its appearance on the middle part of the arch, from which exuded a sanguinolent serum; this was followed by dark streaks and discolouration on the toes, redness on the dorsum, varying in degree, hardness, and a dark appearance of the veins on that aspect; together with swelling of the foot, sensibility almost extinct, and farther vesication, particularly amongst the toes: at this stage, there was no pulsation in the femoral artery. By the 1st of December the whole foot was a sphacelated mass, and on the 15th he died, when the gangrene had extended about three inches above the ankle. There was no trace of any line of limit.

The general treatment was with a view of obtaining the results already mentioned, and consequently deviated but little from that stated. To alleviate his great sufferings in the night time, five and six grains of morphia were required, and a proportional quantity of other sedatives when employed; the extremity was frequently rubbed with camphor oil and soap liniment, and enveloped in lamb's wool, so as to afford warmth and assist the weakened circulation, having previously applied some warm antiseptic or anodyne poultice. His general health continued good, with few exceptions, till within two weeks of his dissolution, when his appetite failed, and irritability of stomach came on, under which he sunk.

Autopsy.—The thoracic and abdominal viscera presented nothing worthy of remark, except the heart, which, on its external surface, was unusually fatty, and there were ossific deposits in all the valvular apparatus, particularly between the right auricle and ventricle, and those of the pulmonary artery; in other respects, there was no change of structure in that viscus, nor in any of the large vessels proceeding therefrom, till near the bifurcation of the common iliacs from the aorta, where there was very considerable vascular injection of the lining membrane, and at the division, and for an inch above it, complete ossification of the muscular tunic. The common, external, and internal iliacs were healthy, but as the vessel of the deceased extremity escaped from under Poupart's ligament, its canal became completely shut up by a fibrinous organised coagulum which extended almost throughout its whole femoral and tibial courses. Before being slit open it gave a feeling of solidity, and resisted considerable pressure at many points. The tunics were much thickened and changed. On tracing some of the branches of the profunda, I found them preternaturally large, but healthy in structure. The coats of the femoral artery of the opposite limb were slightly thickened, those of the femoral vein sound; the walls, however, of the internal saphena presented unusual thickness, its calibre was much diminished, and it contained numerous coagula of fibrine, till it entered the saphenic aperture, when they disappeared.

Remarks.—That the coagula existed during life, cannot be doubted, from their firm adhesions to the parietes of the vessels implicated, and that the consequent obliteration of the arterial trunks was the cause of the gangrene cannot but be received, as also, that collateral circulation had been to a certain extent established. Professor Syme's remarks on the cause of gangrena senilis are so brief and apposite, that I may be allowed to quote them from his memoir in the first number of *Dub. Med. Jour.* "Professional opinion," says this distinguished surgeon, "is still unsettled as to the cause of mortification in the extremities of old people. Ossification and obstruction of the arteries are frequently met with on dissection, but not always; while, on the other hand, the former of these conditions is infinitely more common than the effect in question. All we know with certainty seems to be,—*first*, That there is a combination of weakness and over-action in the affected part; *second*, That the weakness cannot be remedied either by local applications, or internal remedies; *third*, That the means employed with this view powerfully excite the tendency to overaction; and, *fourth*, That the best mode of treatment consists in the employment of soothing measures, local as well as general, until the part regains its usual condition—just as when a portion of the body has been weakened by exposure to cold, or by the ligature of its principal artery." p. 4. In the course of the latter treatment of my patient, it became more than once a question of consideration, whether to persevere in the more invigorating plan of treatment of Mr. Pott, or to adopt the starving measures advocated in the memoir by the very able and experienced Clinical Professor now quoted, with whose opinions on the treatment of this disease I had been previously made acquainted. The latter method was abandoned as inexpedient in the present instance, for the following reasons:—It was considered rather a dangerous experiment, at such an advanced age, to risk the sinking of the vital powers, by prescribing farinaceous diet and water drink to a gentleman who had for many years lived well, and was accustomed to a daily allowance of stimuli, and with whom vegetables of every description always disagreed; and more especially as his recovery from the first attack had been so favourable, and unattended then or afterwards with any sensible heating or overstimulating effect. Had the case occurred in the lower ranks of life, where the diet had always been restricted, and a stranger to stimuli, Mr. Syme's system would have been, without hesitation, pursued; but in the higher class of patients, until sufficient experience has proved the reverse, my humble opinion is, that the starvation system is calculated to expedite the too often fatal termination. The medicine which was followed with the most marked benefit, was morphia in large doses; it produced cessation of pain, and no extension of the gangrene, so long as the patient was completely under its influence.

CENTRAL MEDICAL REFORM ASSOCIATION.

At a numerous Meeting of the Members of the above Association, held on Monday, July 5th, at 15, Charlotte Street, Bloomsbury Square,

It was resolved :—

I. That the next meeting should be convened on Monday, July 12th, at the hour of 3 P. M., for the purpose of taking into consideration the present prospects of Medical Reform, and to draw up an address to the members of the profession, earnestly desiring their co-operation with the Central Medical Association, and to petition parliament to grant to the licentiates of the different corporations the principle of self-government as conceded to towns under the amended Municipal Act, whereby the members would be empowered to exercise their vote in the election of officers and professors, to whom shall be entrusted the preservation of the dignity, interest, and destinies of the profession, and by thus placing them under efficient controul, remove the great discontent that prevails throughout the body generally, without subverting any of the existing medical institutions.

II. That at such contemplated meeting the profession be invited to attend, and that the address embodying all such principles be submitted for their approval.

III. That the members of parliament who have expressed their intention of supporting Medical Reform, be requested, by deputation, to become honorary members of this association.

[We understand a Medical Reform Bill is also in progress.—Ed.]

A TABLE OF MORTALITY FOR THE METROPOLIS,

Shewing the number of deaths from all causes, registered in the week ending Saturday, the 26th June 1841 :—

Epidemic, Endemic, and contagious diseases	117
Diseases of the brain, nerves, and senses	143
Diseases of the lungs, and other organs of respiration	263
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	54
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	2
Diseases of the skin, &c.	0
Diseases of uncertain seat	75
Old age, or natural decay	46
Deaths by violence, privation, or intemperance	23
Causes not specified	2
Deaths from all causes	755

REPORT ON DR. LOUVRIER'S METHOD OF TREATING ANGULAR ANCHYLOSIS OF THE KNEE.

BY M. A. BERARD.

M. Louvrier commences by padding the limb that is to be straightened, especially about the knee and ankles, with cotton and pieces of old linen, held on by a roller applied from the foot to the middle of the thigh; he then places strong boiled-leather splints round the thigh and leg, and these, being moulded so as exactly to adapt themselves to the limb, he fixes firmly with straps. The foot is placed in a cotton sock, then in a sandal laid over the ankle, with a very strong sole, and carrying on its posterior third a piece of steel with a mortice. The anchylosed limb being placed on the apparatus, counter-extension is made by a belt attached to the upper part of the thigh, and a strong strap fixed on the lower part of this serves to keep it firmly down upon the seat in which the patient sits. The thigh and leg are thus placed in a kind of leather gutter, the edges of which are laced over the front of the limb, and two long and very strong metallic splints are then fixed to the sides of the limb, each being composed of two branches with a hinge uniting them opposite the knee-joint.

Extension is made by means of strong cord made of catgut rolled round a winch, which is fixed at the end of the board in which the patient is set. This cord acts by pulling on the foot; but, at the same time, and by means of a very ingenious piece of mechanism, it exerts a constant and forcible pressure on the anterior part of the knee during the whole of the operation. Thus the straightening of the limb is effected by a double pressure; on the one hand, by the traction exercised on the two extremities of the angle; and on the other, by the pressure exerted upon its apex.

When all the parts of the apparatus are properly put on, M. L. works the winch by means of a crank, which he continues to turn till the limb is completely straightened. The whole extension is commonly made in the short space of from 25 to 30 seconds; and when the muscles were much retracted before the operation, the leg is often kept thus extended for half a minute before letting it go again.

This extraordinary method was adopted after much hesitation, and after repeated trials on the dead body, and of authentic reports of its having been successfully employed on some patients in the provinces, on a young man, who insisted on its being tried, in the Hospital Necker. No evil followed it; and then another patient came, who was also not injured by it. A third, fourth, and fifth, were successfully operated on, and then the plan became quite fashionable, "almost every week the apparatus *fonctionnait*," at some hospital or in private practice, till at last reverses came. Two patients died of the consequences of the operation, and it shortly fell into as great disrepute as just before it had been in favour. The first death was consequent on the integuments of the hand being torn across, exposing the popliteal nerve, and accompanied by rupture of the crucial ligaments and other deep parts in the neighbourhood of the joint. Intense inflammation succeeded, the tibia and fibula were drawn back upon the femur, and the patient died in three weeks after the injury. In a second case the popliteal artery was torn across, and the patient lost the foot and the lower part of the leg by the consequent gangrene. In the third, the patient died six weeks after the operation from the sloughing and other injuries (including a comminuted fracture of the femur) produced by the excessive pressure exercised on the front of the joint. In another case, in which the patient died of an accidental illness some months after the operation, the internal condyle of the femur had been fractured and become adherent to the surface of the tibia.

M. Berard justly remarks that we cannot but feel astonished that out of 21 patients, on whom M. Louvrier operated in Paris, only 3 should have suffered severe and irreparable injury, and that it can only be explained by the fact that the parts about joints may be extremely damaged, without leading to any important results, if the skin around them has not been wounded. But indeed, the histories of the most favourable cases are not such as to offer any temptation to the performance of the operation, even if it could be done safely. The pain produced by it is agonising, and sometimes lasts for several hours afterwards; and in none of the patients whom M. Berard saw were the voluntary movements of the knee-joint, or the complete straightness of the limb, restored. Although the condition of all the patients was rather improved, yet they could walk only with great difficulty, and not at all without the aid of some apparatus, or of a stick or crutch.—*Gazette Médicale, Mai* 22, 1841.

HINTS TO PRESCRIBERS OF SULPHATE OF QUININA.

BY M. SOUBEIRAN, ESQ.

The agreeable taste, odoriferous smell, and elegant colour of the acid infusion of roses have rendered it a favourite vehicle for the exhibition of more active medicines; and the choice is the more fortunate when the medicinal or physical properties of the infusion assist those of the remedy for which it is the selected medium. On these accounts the infusion of roses is frequently employed as a solvent for sulphate of quinina. The latter being nearly insoluble in water, and while in the insoluble state being much less active, it is rarely prescribed in liquids merely aqueous: sulphuric acid is therefore always employed to acidulate the water, as well as to add to the tonic powers of the salt. Infusion of roses contains the necessary quantity of sulphuric acid, and if it possess any medical efficacy, this coincides with the powers of the sulphate of quinina. Hence it is a common practice to prescribe infusion of roses with sulphate of quinina; and it is supposed that the two medicines form an elegant, efficacious and compatible mixture.

I believe that the supposition is ill-founded. The mixture is not elegant; for it is no longer red and transparent, but becomes muddy and disagreeable in appearance; it is not efficacious; for much of the quinina is withdrawn in an insoluble state; and it is not compatible; for there are two sources of decomposition. Rose-leaves contain both gallic and tannic acids: hence gallate and tannate of quinina will be formed; both are insoluble in cold water; and they will remain floating through the liquid, notwithstanding the presence of sulphuric acid which, so far as these salts are concerned, effects no good purpose, as it does not dissolve the new salts formed.

How the apothecary will act with regard to the very copious precipitate which appears, I cannot tell. If he sends out the medicine loaded with a precipitate, the prescriber may chance to pronounce it a very inelegant specimen of pharmacy; or, what is worse, he may imagine that some error has been committed, when he sees a muddy, heavy looking liquid with a white powder floating through it, in place of the bright red, transparent solution which is expected. If the apothecary filters the medicine, he certainly deprives the patient of much of the quinine that was intended for exhibition. The alternative is therefore either detriment to himself or to the patient; and which he will prefer is not for me to determine. Let him adopt what course he may, it is certain that much of the quinine will go to loss either virtually by insolubility, or absolutely by filtration.

Sulphate of quinina is also prescribed in conjunction with compound infusion of orange-peel as a vehicle and adjuvant. I

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have seen this much practised both in England and Ireland, but believe the formula to be liable to the same objection, for a precipitate is copiously deposited.

It might be supposed that it is little matter in what state the quinina is administered, whether as a sulphate. gallate, or tannate: but if the sulphate require, the addition of sulphuric acid to hold it in solution, and if the state of solution be necessary to the exertion of its full medical efficacy, it must be improper to conjoin with it any agent which eliminates it in the solid form. Besides, it has never been proved that either the gallate or tannate of quinina possesses medical powers.

It seems much better to prescribe the sulphate of quinina simply dissolved in water, or in camphorated mixture, by the aid of a little sulphuric acid. If adjuvants are required, they may be administered by themselves, in some time after the exhibition of the sulphate. It is unsafe to combine or modify such delicate articles, as it is difficult to foresee where injury may be done. Who, except one that had witnessed the effect, would suppose that there could be any impropriety in conjoining sulphate of quinina with preparations of cinchona bark? yet alcoholic solution of sulphate of quinina is copiously precipitated by tincture of bark, and insoluble tannate of quinina is soon separated.

I have reason to believe that the precipitate which falls when the decoction of bark is allowed to cool, consists chiefly of tannate of quinina.

I thought it right to bring these facts before the profession: prescribers will draw their own inferences as to whether they are entitled to any consideration.

11, Clare-street, June 30.

OBITUARY.

On the 13th April, in the 79th year of his age, Thomas Hodson, Esq., surgeon, at Lewes in Sussex. Mr. H. was a contemporary and friend of the late Sir Astley Cooper; and was himself an eminent and successful surgeon. During his practice he performed the operation of lithotomy forty times with the loss of only four patients.

At Dumfries, on the 25th May, of typhus fever, John Symons, M.D., senior physician of the Dumfries and Galloway Royal Infirmary.

At Nassau, New Providence, on the 13th April, A. B. M'Pherson, assistant-surgeon to H. M. S. Romney, stationed at Havannah.

At 3, Lothian Road, Edinburgh, on the 7th June, George Lauder, Esq., surgeon, of typhus fever, caught in the discharge of his professional duties.

Suddenly, at Ashford, in the county of Wicklow, Charles Lendrich, Esq., M.D., Queen's professor of the practice of physic.

In Newry, on the 2d instant, Hugh Fitzpatrick, M.D., aged thirty, member of the Medical Association in Ireland.

At Stodday, near Lancaster, Lawson Whalley, M.D., late physician to the Lunatic Asylum, and magistrate of the county.

VACANCIES, PROMOTIONS, AND APPOINTMENTS

ARMY.—4th Light Dragoons, Surgeon E. S. Graham, M. D., from 75th Foot, to be Surgeon, vice Chambers, appointed to the 11th Dragoons.—75th Foot, Assistant-surgeon J. Forrest, M. D., from Staff, to be Surgeon, vice Graham, appointed to the 4th Dragoons.—Hospital Staff:—To be Staff Surgeons, second class, Assistant-surgeon P. Brodie, 10th Foot.—Assistant-surgeon J. Connell, 23d Foot. Assistant-surgeon D. Dumbreck, M. D., 88th Foot.—Assistant-surgeon J. Sidney, M. D., 25th Foot.—Assistant-surgeon W. G. Byrne, 99th Foot. geon W. M. Ford, Staff.—Assistant- ith, Royal Military Asylum.—As- J. Strash, 86th Foot.—Assistant-surgeon C. R. Boyes, 6th Dragoons.—Assistant-surgeon W. Wallace, 15th Foot.—Assistant-surgeon R. J. G. Grand, Staff.—Assistant-surgeon D. Liston, 3d Dragoon Guards.—To be Assistant-surgeon to the Forces, W. Rusherford, gent., vice Ruttledge, resigned.

NAVY.—Saturday, July 3.—Surgeon M. Corry, to the Scout.—Assistant-surgeons John King, to the Revenge; John Philips, to the Savage; J. Vernon, to the Scout.

AMPUTATION OF THE LIMBS OF THE FŒTUS IN UTERO.—Dr. Nixon recently exhibited to the Pathological Society of Dublin, a preparation illustrative of an observation originally made by Dr. Montgomery, respecting the spontaneous amputation of the limbs of the fœtus in utero. There are about eighteen cases of this kind on record, in most of which the mutilation has been attributed to defective organization, and not to the accidental removal of the parts already formed. The example which he laid before the society, shewed at least one of the causes of this peculiar defect. The profession was indebted to Dr. Montgomery for the first rational explanation of this very extraordinary species of amputation. His opinion is that the amputation is produced by bands of plastic lymph, which encircle and compress the limb at some certain point, or by the umbilical cord becoming twisted round a limb so as to produce the same result. The person from whom the fœtus before him had been taken, had aborted in the third month. On examination of the fœtus it was found that the cord had formed a kind of ligature round the thigh, a little above the knee. The limb was indented down to the bone, and the circulation between it and the leg was maintained only by the vessels which passed through the abductor muscles at the posterior part of the limb.—*Dublin Journal of Medical Science.*

PRESENCE OF ALUM IN BREAD.—Several families having simultaneously been taken ill on the 15th of last November, in one of the districts of Paris, Dr. Lefevore, who was called in to several of these persons, discovered that the cause of the symptoms which they experienced arose from the bread they made use of. Indeed, analysis detected in it a certain quantity of sulphate of alumina and potassa. This salt has the property of rendering bread more white, and gives it an appearance of freshness which is agreeable to the eye. It also renders the bread more porous, and permits the paste to absorb more water — an evident benefit to the baker. M. Lefevore has noticed the fact; it is for the authorities to watch over the manufacture of this commodity.— *Chemist*, p. 64, *Feb.* 1841, *from Journ. des Connais. Med.*

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 95. Vol. IV. LONDON, SATURDAY, JULY 17, 1841. PRICE THREEPENCE. STAMPED EDITION, 4d.

For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street, North London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d. [T. BAILEY, WELLINGTON STREET NORTH, STRAND.

LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XIX.

"Empirics will undertake all CURES, yet know not the causes of any disease. Dog-leeches!"—

Ford's Love Melancholy.

Deficients and Ignoramuses continued—Scotch Graduates and London General Deficient in Hospital Medical Education and number of Clinical cases—Provincial Schools better—Home and Foreign Education compared.

(Continued from p. 165.)

As the deficient were constantly rejected, they raised a clamour about the examiners in their own defence. Mr. John Watson stated, in vindication of the Hall Board, that, "A man, unless upon previous examination, ought not to be deemed to have acquired a degree of professional knowledge, sufficient to entitle him to practise as a medical practitioner." (*See p.* 60 *Evidence before Select Committee.*) "In Edinburgh, where there are generally 1,000 medical students, the Royal Infirmary, the only hospital for medical instruction, contains in all no more than 250 patients." (*Id.*) Mr. Nussey declared that medical education and examinations at Edinburgh had not proved good before them, for want of a sufficient hospital and variety of cases. In London, said the examiners, 800 or 900 students find eight large hospitals, and fourteen or fifteen well regulated dispensaries; but as many Reformers, and particularly as Beddoes complained in vain thirty years ago, and as we ourselves have complained fourteen years since, London, with all these advantages, has never had any system of CLINICAL instruction like the practical bedside instruction of Paris and Edinburgh, because of the imputed temptations of a great capital to dissipated students in surgery and medicine, 800 in number, and according to these and other moral objections, mystifications, and pretexts, not virtue-proof. London, it is true, presents most temptations, but men, naturally inclined to vice and debauchery, will plunge into it as readily in one city as another; it is more an affair of the man than of the place. This shows the necessity of high moral discipline, go where they will. "Eight hundred beds to 1000 students," say they, "is extremely limited indeed. *Hospital education is one of the most essential parts; it teaches students to recognise disease, and the changes which disease undergoes, to illustrate text-books by demonstrations.*" (*See Messrs. Ridout's, Watson's, and Mr. Nussey's Evidence.*) "London," said Mr. John Ridout, "was capable of being made the first medical school in Europe, but a more practical knowledge of anatomy is wanting than many of the students at present obtain; a practical knowledge of Chemistry" (as, for example, by Boswell Reid's and Kemp's *Operative and Experimental courses of Practical Chemistry, and Practical Pharmacy*);—"an extension of clinical instruction; and better opportunities of attending hospital IN and OUT patients." Mr. R. added, that it was a *prevailing mistake* to set *too much* value on *lectures;* too *exclusive attention* is paid to them in the default of acquiring knowledge from reading. One of the principal uses of a lecturer is to point out a proper *course* of *reading*. This is done in part by some, and more by others, but not yet in a due degree. The attention of the most diligent student (indeed of everybody, as is usually remarked in public meetings, whence orators declaim, for people cannot listen to argument from weariness of attention, unless they take notes—ED.) *wanders* from *a train of argument;* he loses an important link in the chain of reasoning, and does not understand the instruction of his teacher (which is very natural after all—ED.) Anatomy, in London, is not taught *so demonstratively* as it might be. The teacher should give more instruction in Physiology, and should illustrate his lecture by his own practical experiments, and by observations on morbid, pathological, and comparative anatomy—also practical chemistry. The student may attend, perhaps, the medical practice of an hospital or dispensary, each perhaps being confined to a particular class of diseases. Students are now required by the Hall to devote twenty-four months to a hospital, or twenty-seven months to a dispensary. (These are very judicious remarks of Mr. J. Ridout in his second examination.) It is pleasant to hear that country candidates are well grounded in theoretical and practical knowledge of their professions who are educated at the chief provincial schools of medicine and county hospitals. PROVINCIAL schools are of use, because they can proceed with their professional studies during their residence with their families, by whom they are kept under moral restraint. From the comparatively small number of students that frequent a county infirmary, they have an abundant opportunity of studying medicine, but post-mortem examinations are usually made in a hurry. In private practice, the public are now very willing to suffer medical men to examine the body." All these remarks are very obvious and explicit; we assent most cordially to the truth and justice of them all. They agree with the previous impressions made on our minds in Paris, Dublin, and Edinburgh, in 1827-8-9, and somewhat with an old friend's (Dr. Reid's) opinions. We went to different University schools. In respect to the practice of physic, we had the advantage of apprenticeship to a fashionable watering-place surgeon-apothecary, who was a monopolist, and ordered from 3,000 to 6,000 cases *per annum*. We had also the advantage afterwards of summer intervals, between our hospital studies, of seeing all the practice of an elderly and celebrated physician, to whom medical and surgical cases were referred, some of which were of equal magnitude, and of more rarity than those of Guy's and St. Thomas's. We were also between whiles under the roofs of two learned physicians to infirmaries and hospitals, whose views and facts enlarged our knowledge of practice of physic, and gave a liberal and original tone to our speculations and experiments. The society of men of genius and skill is a superior advantage. We went from one University school to another in the United Kingdoms and France, because we would grasp their different advantages, free ourselves from the ignorant prejudices and contracted ideas which enrust the minds of "homebred youths,"—who, as Shakspeare says, have "homely wits"—and cultivate physic and form the mind by various travel, observation and comparison of theory and practice. By this course we lost all spirit of prejudice and exclusive exaggeration in favour of one country, one school or system of practice, so common to men brought up in one particular college or private school, and so unfavourable to truth and justice, where some ONE bright particular STAR, in their poor way of thinking, is always uppermost in their partial thoughts and praises. Every school has its particular excellencies and defects, and by choosing three or four, we cull and select what is best in each. We attended two three-months' courses of Practice of Physic in the Clinical Wards of Edinburgh, in 1820-21, under Professors Graham and Alison, in the time of the younger Cullen, of whom we were a contemporary before in London, and whose loss, as a physician of great energy and application, we deplored with all who knew him. We made daily reports of clinical cases, in two 12mo. volumes, long and tedious; also full notes of the clinical lectures in the sixty cases, we followed in 8vo. Of clinical daily attendance and reports with clinical remarks, the published reports of the clinical attendance of Professor Andrew Duncan, Junr., about 1821, are an excellent example, although he was a doubtful, vacillating, and timid prescriber. The diseases chosen for the Clinical Wards are generally such serious and systematic maladies of the various internal organs as occur most frequently in private and ordinary practice, *e.g.* cerebral diseases, as delirium tremens and fever, inflammations of the heart and chest, and hydrothorax, stomach and intestinal disease, renal and urinary affections, and some general diseases, as rheumatism, dropsy, skin diseases, &c. After what Beddoes, Professor Joseph Frank, and other high authorities have said in commendation of the Edinburgh clinics, it would be ridiculous excess in us to paint the lily, or spread a fresh perfume on the violet. In 1827-8, we followed Chomel at La Charité, in cases of phthisis, and on the use of the stethescope, occasionally some lectures of Rostan at the Viellesse or St. Salpêtrière, some lectures on the uterine diseases at La Pitié by our old preceptor Lispande, and during the last three months of six, the surgical clinics and attendance of the late M. Dupuytren. We must say, that we, and all of us, who formed the *elite* of the London, Dublin, Scotch, and English Schools, and University Schools principally, preferred the operative and practical manner in which operative surgery was demonstrated on the dead body by the teachers and students, as at Lisfranc's, Velpeau's, Menai's, and Blandin's *Salles*, and the manner and system in which clinical patients were attended and lectured on every morning before breakfast in Paris; very much superior to anything we ever saw in the hurried, scrambling, and uncommunicative flights of the London hospital

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physicians from bed to bed. We saw as little to approve of in the old theoretical, academical, and lecturing system, in Edinburgh or in Dublin, except the clinics at the Meath, by the younger Stokes and others. We saw very superior opportunities in anatomy, practical as well as operative surgery, both in Paris and Dublin, to any English or Scotch school. But lectures, and operations on the dead body, though indispensable, are no part of the genius or inclinations of the Dublin or British schools, which are taught by imitation, and performed by candle-light, and are calculated to make mutilators but not surgeons. We will give the French the credit of following a *demonstrative, operative, practical,* and *useful* system of teaching operative surgery and clinical medicine; we will admit the originality and superior demonstrative utility of the courses of practical chemistry and pharmacy given at Edinburgh, but we cannot say much for the old academical, theoretical, and speculative system of lectures, so predominant in the English, Irish, and Scotch schools. The eclectic principle of education is best, both in pupillage and after-life, and that is making select and voluntary choice of what is useful and applicable, and rejecting the speculative and theoretical beyond what is necessary to explain facts. Whether a greater number and variety of cases at once are not requisite to enable a man to know disease in all its manifold forms and modifications, is a question to which we must reply in the affirmative; but for a close, continuous, and analytical knowledge of cases and practice of physic, Professor Frank, Sir Charles Mansfield Clarke, and others, have said, in their writings or evidence, that application and exclusive attention to a few cases at a time is a better method of clinical study, than the diffusion of the mind over a great and promiscuous number. But it was the late Dr. Jenner's advice to us, that those who know the common cases and things of the profession, should also know something of the rare and uncommon. It has been considered that going to Paris for the finishing touch affords the materials for recognising "*Les Cas Rares*," and the most ample and diversified opportunities of completing a sound medical education in external and internal pathology.

We shall conclude this series of articles on the laws of empiricide and quackery, with the results of the penal clause of the act, and the Hall prosecutions in one more article, and then off to fresh "fields and pastures green."

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 3rd July, 1841 :—

Epidemic, Endemic, and contagious diseases	121
Diseases of the brain, nerves, and senses	131
Diseases of the lungs, and other organs of respiration	233
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	60
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	6
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	2
Diseases of uncertain seat	94
Old age, or natural decay	49
Deaths by violence, privation, or intemperance	32
Causes not specified	2
Deaths from all causes	751

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE XIV.

To ascertain how far the reproductive organs of the vertebrate division of the animal kingdom form a complete natural system, it is necessary to compare the lowest forms of this division with the earliest appearance of the organs in man. In the embryo of man, the essential organs of generation are internal, and preceded by an extensive and remarkable organ, the Wolffian body, from which the testes and ovaries are developed. The external organs are afterwards formed; the urethral canal is at first a mere opening; then the penis is grooved, and at a future period converted into a true canal.

In the Lamprey, Salmonidæ, &c., it has been seen that the essential organs are internal, that the testis has no efferent duct; that the seminal secretion passes first into the abdominal cavity, and then through the peritoneal canal into the common urino-sexual cavity or cloaca. In the Sturgeon, a second stage in the progressive development is seen; where the testis still pours its secretion into the abdominal cavity, but where, a short tube with a patulous opening, is found towards the posterior part of the extremity of the abdominal cavity, and serves the office of a vas deferens in conveying the seminal secretion to the cloacal aperture. The third grade is represented by the Herring, and by most osseous fishes, wherein an efferent duct passes off from each testis, and the two unite to form a common vas deferens, which terminates at the cloacal opening. A higher stage is observed in the active predatory fishes, as in the Shark; the testis presents a more aggregated form, is surrounded by a proper tunica albuginea, and by a peritoneal covering; the excretory duct is convoluted, and in its course backwards dilates into a large membranous reservoir, which terminates on a small papilla, or rudimentary penis in the cloacal cavity. In the amphibious subdivision of reptiles, the intromittent organ is completely rudimentary, as in fishes.

When the intromittent organ makes its appearance, it presents two typical forms. In the Serpent there is no external appearance of an intromittent organ; such an appendage in an animal destined to creep upon its belly on the surface of the earth, would have been highly inconvenient. But when the sexual organ is excited, four distinct organs, covered by hard cuticular papillæ, are extruded from the cloacal aperture. In the Crocodile, the testes are situated between, and somewhat in front, of the kidneys. They are composed of elongated seminal tubuli, twice as large as those in man. The vasa deferentia are convoluted, and terminate in the second or urethro-sexual chamber of the cloaca. In the third compartment of the cloaca or vestibule, is situated a grooved intromittent organ, with a rudimentary glans, containing erectile tissue in its structure, and attached by two crura to the rami of the ischium and pubis. At the base of the penis on each side is a small opening which leads into the peritoneal cavity; and a prolongation from this canal, extends into the substance of the penis and there terminates.

In the Marine Tortoises, which are less completely covered by a shell than those inhabiting the land, and therefore, where almost as little obstacle to coitus exists as in the Crocodile, the penis is scarcely more developed. The vasa deferentia are more convoluted, and constitute an incipient epididymis; and the peritoneal canals, as seen in a beautiful dissection made by Mr. Langstaff, terminate exclusively in the substance of the penis. In the Land Tortoises, where the increased size of the shell offers a greater obstacle to coition, the penis is of a prodigious size, a character that will be generally observed amongst animals, in which proximity of the sexes is rendered difficult by their peculiar conformation; as the Armadillo, &c. The vasa deferentia of the Tortoise terminate in the urethro-sexual compartment of the cloaca above the opening of the ureters, and below the allantoid bladder. This organ can scarcely be considered as the urinary bladder, for the urine passes but rarely into it, and the ureters, as has just been seen, open into the cloaca, at a certain distance below the orifice of the bladder. It is, indeed, a remnant of the allantois, and serves an office connected, very probably, with the respiratory system. In the vestibular compartment is seen the grooved penis, an organ of very large size, the groove being convertible by the distention of the erectile tissue into a perfect urethral canal. The peritoneal canal terminates within the penis by several cæcal tubuli. In the Mud Tortoise or Tryonix, the generative structures are more complicated, particularly the intromittent organ.

Birds.—From reptiles the transition to birds is easy; they constitute the great natural group of oviparous animals. In the male organs there is a descent in complexity of structure. In many birds there is no penis; the testes are always situated in the abdomen, near its superior part, and opposite the upper end of the kidneys; and they are perfectly symmetrical in their position. The kidneys are placed in those large bony excavations upon the anterior part of the pelvis, and project very little into the abdominal cavity. The vasa deferentia, remarkable for the beautiful transverse convolutions which they make in their course, pass down in front of the kidneys, and forming dilatations near their extremities, terminate in the cloaca upon two papillæ.

In the Crane, there is a fleshy, glandular body attached to the vas deferens, its entire length; this is something more than the epididymis seen in the Chelonia. In the Ostrich, at the upper third of the vas deferens, there is a glandular mass composed of tubular follicles, communicating with the excretory duct, and terminating in cæcal extremities. This is a persistent portion of the corpus Wolffianum, and in many birds, more or less of this primordial body may be distinguished.

In birds of flight, both diurnal and nocturnal, the male generative organs resemble those already described. In most aquatic birds, there is an especial intromittent organ very similar in type to that of the Serpent, consisting of the cæcal tube capable of eversion, and not apparent exteriorly. Among Anseres the penis is of very large size, and surrounded by a spiral groove. The vasa deferentia terminate at its base. In birds which are incapable of flight the organ is very large; it is composed of a fibrous covering containing erectile tissue, grooved upon its upper part, and furnished with a retractile ligament of tissue jaune.

Where the penis is wholly wanting, and is represented merely by two small papillæ, as in the fowl, it is but natural to inquire how impregnation is effected. The coitus is extremely rapid, and yet a single act is known, as in the Turkey, to fecundate fifteen or twenty eggs. During the act of coitus, the cloacæ of both male and female are everted, and brought in contact, and the male fluid is injected forcibly against the mucous surface of the cloaca of the female. When it has reached this situation, there are two powers by which it may be conducted onwards to the ova; the vibratile cilia, which are known to line these tubes in such abundance; and, secondly, the contractile movement of the spermatozoa. Spallanzani has already shown how small a quantity of the male fluid is required to fertilise a great number of ova.

Mammalia.—Mammiferous animals are all provided with a well-developed penis, and in all the organ is perforated by the urethral canal. The first order in which the construction of the male organs should be examined, is Monotrema, which includes the genera ornythorynchus and echidna. The essential organs are included within the abdominal cavity; they have no distinct epididymis, and the vas deferens presents the bird-like character of transverse convolutions. The seminal fluid is poured out into the upper part of the cloaca above the openings of the ureters, as in the Turtle. The penis is of large size, and enclosed in a long sheath, within the wall of the cloaca; it is not apparent externally; hence the name assigned to these animals by Geoffroy St. Hilaire, monotrema, i.e., possessing but one opening. An external and pendant intromittent organ in Monotremata, would have been a great inconvenience to them, from the widely-separated position of the legs. The semen poured into the upper part of the cloaca is not conveyed away with the excrementitious matters, but is forced, by means of a powerful sphincter muscle, through a small opening in the wall of the cloacal into the tubular

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urethral canal of the penis; the vigorous muscular action serving at the same time to erect the intromittent organ.

Hunter, in his interesting speculations upon the intention of the vesiculæ seminales in the animal economy, long since announced his belief, that, had there been no testes, there would have existed no penis, and that the perforation of this organ for the passage of the urine was perfectly secondary and accidental. It is curious, therefore, to observe, that here, at the very threshold of the mammiferous class, a distinct penis should be present, which is intended solely for the transmission of semen, and never gives passage to urine.

In the Ornythorynchus there exists a remarkable spur, pierced by a canal, and communicating with a gland situated between the muscles and integument, upon the hinder legs of the male. This organ undoubtedly performs some function in relation with the generative system; it is found only in the male, being rudimentary in the female; but our speculations on its use are wholly hypothetical.

The next group of animals which would follow the Monotremata, in pursuing a natural system, are the Marsupiata. They have no external trace of an intromittent organ, and but one cloacal outlet; hence they are as much monotrematous as the preceding group. The testes are situated, for the first time in the ascending scale of the animal kingdom, externally, and are enclosed in a scrotum; the scrotum being placed, as in the Flying Opossum, in front of the penis. Corresponding with this part in the female, is an inversion of the integument, forming a kind of pouch, within which are situated the mammary glands. These organs are surrounded by a plane of muscular fibres, which wind around the marsupial bones, as through a pulley, and have the power of compressing the glands. The testes, in like manner, are also enclosed by a muscular layer; the cremaster playing around the marsupial bones. These bones are simply an ossification of the internal pillars of the external abdominal ring, and are not merely intended to support the pouch which is found in the females of these animals; they likewise serve an office in the males, and in both are intended to aid in the action of muscles. The testes of Marsupiata are possessed of a tunica vaginalis, as well as a tunica albuginea; and the canal of the former always communicates with the abdominal cavity.

In regarding the progressive complication in the structure of the testis, we shall observe, that the earliest form of this organ possesses a texture of oval or spherical cells, very similar to that of the ovaries; and into these cells the semen is secreted. The secreted fluid is then, by a process similar to dehiscence, poured into the abdominal cavity, and thence evacuated by the peritoneal canals. In the second grade, the organ is composed of a number of tubuli, which anastomose frequently with each other, and terminate near the surface by cæcal follicles. In the third form, the tubuli are longer, their coats more distinct, and more closely aggregated, and the cæcal terminations more distinct and numerous, as in the Frog. By increasing in length of tubuli, becoming smaller in diameter, and inosculating frequently, we are gradually brought up to the structure of the organ in man. This subject has been most ably, minutely, and admirably elaborated by Sir Astley Cooper, whose work leaves little to be desired upon the anatomy of the testis. The structure of the organ may, however, be seen more distinctly in some of the lower animals, particularly in such as have an increase of the testis during the breeding season, as the Armadillo. The testis of man and of the higher animals is composed of numerous lobes; whereas, in the Frog there is but one lobe.

In the description of the tubuli seminiferi, Sir Astley Cooper and Müller express their opinion of the cæcal termination of these glandular ducts. Krause and Lauth maintain that they terminate by anastomosis. The anastomosis of the tubuli is very distinct in the Rat, and in the inferior mammifera. Besides the anastomosis, among the tubuli, another anastomotic communication occurs in the rete testis.

From the large assemblage of ducts externally to the testis, and forming the epididymis, this organ possesses somewhat of the character of a bilobate gland.

LECTURE XV.

In the last lecture it was remarked that the monotremata presented no external appearance of organs of generation, and possessed but a single outlet, through which the penis was extruded when in a state of erection. While in a quiescent state it is inclosed in a distinct pouch, or preputial sheath, lying in close connection with the cloacal canal. The monotremata have no vesiculæ seminales, and in this deficiency they resemble birds and the true reptiles.

Marsupiata.—In the marsupiata the internal pillars of the external abdominal rings are converted into bone—the marsupial bones, around which the large cremaster muscles play, and compress the testes in the male and the mammary glands in the female. There are no vesiculæ seminales; the urethral canal is long, and at the base of the penis are situated six accessory glandular bodies, analogous to Cowper's glands. The corpus spongiosum terminates posteriorly in two bulbs, each of which is inclosed in a distinct muscular capsule, analogous to one of the acceleratores urinæ. This disposition of the posterior extremity of the corpus spongiosum, is in correspondence with the existence of a double glans, with an intervening groove, and is a general character when such a bifurcation of the terminal extremity of the organ is present. The true function of the acceleratores is also well exhibited with such a structure; for both muscles acting simultaneously on the two bulbs, would not only tend to press onwards the wave of seminal fluid along the canal of the urethra, but also to force the blood collected in the bulbs into the bifid glans, and distend it at the precise moment when its erection is most required. The corpus cavernosum divides posteriorly into two crura, which are but slightly connected with the bones of the pelvis, but are surrounded by two strong and powerful muscles, the erectores penis. These muscles, like the acceleratores, are obviously adapted to perform their appropriate function in these animals, serving to compress the crura of the corpus cavernosum, and thus become agents in the erection of the penis. Besides these, there is an additional pair of muscles, which serve the purpose of directing the penis forwards. They arise from the sacrum, and pass along the dorsum of the organ to be inserted at the base of the glans. In chelonia they arise from the cervical vertebræ. The outlet of the cloaca is surrounded by a very strong sphincter muscle, which besides closing this opening, by its forcible contraction around the root of the penis, is an important agent in erection. In the Wombat, the penis expands at its extremity somewhat like a funnel, and also divides into two portions.

Rodentia.—This order includes many of the most prolific, the smallest, and least intelligent, with the exception of monotremata and marsupiata, of mammiferous animals. In correspondence with the production of a great number of young, is the existence of very complicated generative organs. In the largest genus of the order, the Capibara, the vesiculæ seminales, or glandulæ vesiculares, are of prodigious size, larger even than the urinary bladder; the prostrate gland is bilobed, and there is a pair of director muscles to the penis. With the exception of the Hare and Rabbit the testes are internal; at the rutting season they undergo a remarkable increase of size, and as if in this state they were productive of inconvenience to the abdominal viscera, they are protruded through the spermatic canal, and become placed externally, and inclosed in a temporary scrotum. At the termination of the breeding season they diminish in size, and are retracted within the abdomen: in these animals the opportunity is afforded of ascertaining the true mode of formation of the cremaster muscle. Carus thought that this muscle was made to occupy its ordinary position in relation to the testis and spermatic cord, in consequence of the testis, during its descent, carrying before it mechanically a few of the inferior fibres of the internal oblique muscle. But if, in a rodent animal, the abdominal parietes be carefully dissected before any descent of the testis have taken place, it will be observed that the fibres of the cremaster are inverted and attached to the lower part of the organ; they are themselves, therefore, active agents in drawing down the testis; and after its diminution, they serve by a kind of inverted action to carry it back again into the abdominal cavity.

With regard to the accessory glands, there exists in the Hare a single glandula vesicularis, the only instance of this peculiar arrangement in the animal kingdom. This organ is partly membranous and partly muscular, and is situated upon the middle line. In the Squirrel the glandulæ vesicularés are extremely small; but in the other rodentia, particularly in the Guinea-pig, they are remarkably large. These are, unquestionably, not the mere recipients of the fluid from the testes; but provide, by means of their glandular parietes, a distinct secretion of their own, and open separately from the vasa deferentia into the urethral canal: for this reason Mr. Owen names them glandulæ vesiculares. Many rodentia, as the Beaver, have, besides these, a considerable dilatation of the vas deferens previously to its termination. The prostate gland is composed of an assemblage of cæcal follicles connected only very loosely together by cellular tissue. Cowper's glands exist throughout the entire order, but present a great variety in their appearance: the penis is bent upon itself, and is protruded from a preputial sheath either near or through the anal aperture; it is provided with a pair of director muscles. In the Beaver, the glans penis is covered with a number of minute horny papillæ; and the prepuce incloses two peculiar glands, analogous to the glandulæ odoriferæ, from which the therapeutic agent castoreum is obtained. In the Guinea-pig and Agouti, the horny papillæ are of large size, and there are several recurved spines upon the glans penis; but in the Cavia, the glans penis presents the most remarkable character observable in the whole animal kingdom; there are two long and curved spines at the extremity of the organ, and two horny laminæ with sharp recurved teeth upon each side.

Edentata.—This order includes the Ant-eaters, the Manis, the Sloth, the Armadilloes, &c. Their generative organs present no general or typical condition. In the Bradypus, or Sloth, the male organs present a much closer analogy with the female than in any other of the mammifera. The testes are internal; the vasa deferentia are consequently short and large, and dilate at each side behind the bladder into a duct resembling the horn of the uterus. The two ducts then unite and form a common canal, which unites with the uriniferous duct, and they both terminate by a single opening. In the Armadillo, the penis is of immense size, presents the usual mammiferous character, and is provided with two director muscles. The prostate gland resembles that organ in man, and the vasa deferentia pass through it to enter the urethra. There are no vesiculæ glandulares in any of the Edentata.

Cetacea.—From the land Edentata the transition is easy to the marine Edentate animals. As in marine animals, generally, there is no external appearance of organs of generation; the penis is bent into a sigmoid curve; the testes are internal; the vasa deferentia are short, and terminate in an organ which appears to be a prostate gland, but is chiefly composed of a large muscle,—the constrictor isthmi urethralis; a muscle which has relation to the difficulty which must exist in the coitus of two animals swimming in the sea, and unprovided with arms. In connection with the force necessary for the violent expulsion of the seminal fluid is another peculiarity, pointed out and delineated by Mr. Howship; it consists in the existence of a cæcal pouch, or cul-de-sac, at the commencement of the urethral canal, into which the vasa deferentia open upon a papilla representing the verumontanum of man. This pouch prevents the reflux of the secretion towards the bladder during the action of the muscles, and its admixture with the urine; there are no glandulæ vesiculares; the penis is of prodigious size, conical, and pointed towards the extremity, and composed of a corpus cavernosum without a central septum.

Ruminantia.—The generative organs in this order come next to Cetacea, in point of analogical resemblance; they have a penis, which is much curved, and furnished with retractor muscles; there are no glandulæ vesiculares. The testes are external, and lodged in a scrotum; the Camel is the only exception to the latter character, for in that animal there is no prominence of the integument formed by the testes which can be considered as a scrotum. At the commencement of his urethra there is a bilobed prostate. The membranous, or rather the muscular portion of the urethra is long; and there are two

Cowperian glands, each inclosed in a distinct muscular capsule. In ordinary ruminants, as the Bull and Giraffe, the prostate is completely divided. The penis is very long, slender, bent into a sigmoid curve, and retained in that position by means of a pair of retractor muscles. The extremity of the penis of the Giraffe presents a curious character in the extension of a portion of the mucous lining of the urethra to a considerable distance beyond the meatus. In the Camel and Llama, the glans penis is bent back in a very peculiar manner.

Pachydermata.—In the Horse, which is the commonest illustration of this order, the testes are external, the tunica vaginalis, as in most mammifera, communicating with the peritoneal cavity. The vesiculæ seminales are three in number; one at each side in the ordinary position, and one in the middle line, corresponding with a very much dilated sinus pocularis of man. These, from the thinness and simplicity of their structure, are evidently reservoirs of the seminal secretion. The vasa deferentia near their termination are very much increased in size, convoluted, and their coats thickened, so that in the Horse there are no fewer than five distinct seminal reservoirs. The prostate gland is of large size, and consists of two lobes united on the middle line. Cowper's glands are enclosed in distinct muscular capsules. The penis is remarkable for the number and size of the veins situated on its dorsum. The accelerator urinæ is continued as a muscular sphincter the whole length of the urethra, and there is a retractor ligament of elastic tissue. When a section of the corpus cavernosum is made, its internal structure is observed to be composed of white fibrous cords, derived from the fibrous envelope, and of a peculiar red tissue disposed in the longitudinal direction. Hunter, in his experiments upon this tissue, thought that he could observe it to contract when irritated; but microscopic examination proves it to be quite dissimilar from muscular fibre; and Müller has ascertained that it consists almost wholly of gelatine. In the Hog, the testes are external, the vesiculæ seminales remarkably glandular, and the vasa deferentia have no communication with their ducts. Tyson looked upon them as independent glandular organs. The Cowperian glands are larger than in any other animal, and surrounded by thick muscular capsules. The muscular portion of the urethra is very long. In the Elephant the testes are internal, and the vasa deferentia communicate with the ducts of the vesiculæ seminales. Each vesicula is partially divided into two cavities, of which the upper is thick and glandular. They are simple membranous bags, as in the Horse, and are enclosed in a thick muscular coat or capsule, which is a peculiar structure. On the penis is situated a pair of director muscles, which arise from the os pubis, and pass along the dorsum to be inserted in the base of the glans. When in action they are capable, from their position, of compressing the dorsal veins of the penis, and contributing to erection. In the Beaver, the use of this muscle is well seen; and Hunter has selected this animal as an illustration of its action. In his experiments upon the Dog, recorded in the animal economy, he succeeded in procuring erection by tying these veins.

Insectivora.—The unguiculate insectivora, as the Mole, Hedgehog, &c., are exceedingly prolific, and are remarkable for the periodical increase which the testes and internal organs undergo in the breeding season. Hunter has put up a whole series of preparations, showing the progressive changes of these organs in the Mole; by which it will be seen that not only the testes but also the prostate gland undergoes a remarkable growth. In the Hedgehog the vesiculæ seminales are also much enlarged; but opening into the urethra distinctly from the vas. deferentia, they cannot be said to increase in a relative proportion with the testes. Cowper's glands are situated upon the posterior and external part of the pelvis; and their excretory ducts pass through the ischiatic foramina to terminate in the urethra. Thus in the Hedgehog there are immense vesiculæ seminales, a large prostate gland, still larger Cowper's glands, and all terminating by distinct openings in the urethra.

Carnivora.—The true carnivora preying upon other animals are less prolific than the preceding orders, and their generative organs are more simple. There are no vesiculæ either in the land or aquatic genera; the testes are external, with the single exception of the Seal, in which they are internal. In the Bear the vasa deferentia terminate in an organ which is analogous to the prostate gland. Cowper's glands, are found throughout the entire order. The penis presents a peculiar character, in the existence of a bone which is remarkably developed in all the Plantigrade tribe. In the Felis, there is but a very slight cartilaginous rudiment of this bone. The surface of the organ is provided with numerous retroverted spines. In the Dog there is a remarkable plexus of veins at the root of the organ, upon which the lengthened coitus of that animal depends.

Quadrumana.—From Carnivora the transition is easy through Cheiroptera to Quadrumana. The penis is no longer concealed in a sheath of the integument, but is external and pendant; a character which Linnæus considered as one principal feature in his great group of Primates. All Quadrumana have vesiculæ seminales, a single prostate, and Cowper's glands. The vesiculæ seminales are simplest in the family of the Lemurs. The os penis still remains as an evidence of the inferiority of the Monkey tribe; but is wanting in the true Apes, the Orang, and the Chimpanzée. The Chimpanzée, moreover, approaches to man very closely in another character—the closure of the spermatic canal; which remains open in every other animal. In reaching the highest order of the animal kingdom, we cannot but admire the nice balance which exists between the different organs in man. There are no enormous vesiculæ seminales, no inordinate prostate gland, and no periodical enlargement of the testes. He is at all times prepared for the completion of the reproductive act; but he is endowed with the high moral influence of self-denial, which renders him master of himself, and the master of the rest of animals.

OBSERVATIONS ON THE USE OF THE OXIDE OF SILVER, WITH CASES.

By C. H. B. Lane, M.R.C.S.L., L.A.C.

In the *Medico-Chirurgical Review* of last July, I first introduced the oxide of silver to the notice of the profession; I am now desirous of calling attention to the satisfactory results of more extended experience in its internal administration, which have fully equalled my expectations.

The consideration of the relationship of the bichloride and oxide of mercury first drew my attention to the analogy of the nitrate and oxide of silver. There was abundant evidence of the efficaciousness of the nitrate of silver as an internal remedy—an efficaciousness independent of causticity, which, indeed, rendered it an uncertain and dangerous remedy. Looking at the analogy in question, it seemed probable that the oxide would prove a mild and manageable preparation of silver, bearing the same relation to the nitrate that the oxide of mercury does to the bichloride. The irritation of causticity must often interfere with the intrinsic action of silver; and this being avoided by the substitution of the oxide, is in itself a considerable advantage, as it often precludes the remedy being used as freely as is desirable. In cases where a lengthened administration of nitrate of silver is required—in epilepsy, for example—cutaneous discoloration has always been a matter of dread. Now, by the substitution of the oxide, this great objection will, I expect, be obviated; and with this view, the nitrate of silver, on being taken into the stomach, is converted into a chloride by the free hydrochloric acid of the gastric juice; this is taken up into the circulation, and when conveyed to the cutaneous surface is converted into an oxide by the action of light, and the strong affinity of albumen. This oxide cannot, apparently, permeate the capillaries, but becomes indelibly fixed, occasioning extreme disfigurement; but if the chemical process I have described be anticipated, and the silver is primarily introduced into the stomach as an oxide, its transmission to the skin would probably be prevented; for since the cutaneous capillaries are not permeable to its egress, when once deposited in the skin, as is the bile in jaundice, neither should we expect them to be permeable for its ingress. Of this view I have hitherto found no reason to doubt the correctness.

The caustic action of nitrate of silver, in itself highly valuable, is apart from our present consideration. What is the essential action of silver on the nervous system, the first medium of vitality, the great cincture of animal organization? I deem it primarily sedative, acting directly on the nervous fibre. Its speedy, often instantaneous, effect, renders improbable that it acts through the medium of the blood, or by increasing the tone of the nervous system, and thereby allaying the irritability which is so generally coexistent with a state of asthenia. I believe silver exerts a peculiar sedative influence on the nerves of organic life, which control the capillary circulation, and through which the impulse to normal or abnormal secretion is conveyed. Thus it abates peculiar kinds of excitement, which exert an exhausting influence on the constitution; and the arrest of this process will doubtless constitute a secondary stimulant, or tonic influence, by turning nervous energy into its proper channels. The primary action of lead, on the other hand, appears to be on the nerves of animal life—those of sensation and voluntary motion; and I do not believe it demonstrates its anti-haemorrhagic powers until it affects the composition of the blood, whereas the silver does so immediately on its administration, the result often becoming apparent with marvellous rapidity. The uterine system appears peculiarly obnoxious to the medicinal action of silver, and though most especially when there is undue secretion, yet its influence is not by any means confined to that morbid state alone. Whenever the uterine system is the centre of irritation, the oxide of silver will always produce more or less benefit. This position many of the cases I shall relate will support, though I do not by any means recommend its use in all cases of uterine irritation to the exclusion of other remedies: in many such cases, indeed, I should incline to prefer very different curative measures.

How, then, does silver act in epilepsy? Probably by the exertion of a sedative influence on the great nervous centre, analogous to that on the organic nervous system. It is only when the disease is idiopathic, however, that it can avail; when there is any organic change we may not expect much benefit; and it is so often the case that there is some structural lesion, that I cannot consider its effect in epileptic cases as any criterion of the good effect of oxide of silver; nor, indeed, have I had much opportunity of administering it therein. Two cases which I had for some time under my care were considerably benefitted; but in consequence of leaving town, I unfortunately lost sight of them. Dr. Golding Bird informs me that he has experienced great assistance from its use in some cases.

I have now repeatedly administered the oxide of silver during periods of more than two months without the slightest tendency to discoloration, even though in one case repeated salivation was caused, during which state the patient was seen by Dr. J. Johnson. Dr. Golding Bird, to whom I am much indebted for information on the subject, tells me that he has given it for four months without any appearance of discoloration. He has in three instances seen the gums affected during the use of the remedy, but otherwise has never found the slightest inconvenience experienced in more than a hundred cases in which he has prescribed it; he terms it a sedative tonic.

I shall now proceed briefly to recount the different cases wherein it has been administered, which have come under my observation within the last few months under their respective varieties, endeavouring to designate the morbid elements to which the remedy appears peculiarly opposed. All the cases have come more or less under the notice of my friend, Mr. Dennett, he having treated them conjointly with me, and kindly afforded every facility for the illustration of my views.

Case 1. A. W., ætat. 45, had suffered with cardialgia and pyrosis almost constantly for nearly twelve years, scarcely a day passing without one or more attacks, so that her general health was considerably affected. The use of the oxide of silver in half-grain doses twice a-day afforded complete relief.

Case 2. Mrs. R., ætat. 48, at the termination of a severe attack of intestinal spasm, nausea and pyrosis remained, which were quickly and permanently relieved by the remedy administered as before.

Case 3. W. B., ætat. 45, was under treatment for severe constitutional derangement, of which gas-

tredynia was at one time a prominent symptom, and was efficiently counteracted with the oxide of silver.

Case 4. Mrs. J., ætat. 30, was readily relieved of an irritable state of stomach, especially gnawing pain and nausea, by the use of the medicine for ten days.

Case 5. A. E., ætat. 26, had become much emaciated and debilitated; pulse quick and weak, and countenance exceedingly anxious. There was constant tenderness and sense of gnawing in the region of the stomach, and paroxysms of pain occurred once or more daily, terminating in the ejection of a quantity of clear water of saltish taste. There was considerable loathing of food; and when she did take it, a sensation of weight and fulness was induced; bowels regular; tongue with a red streak in the centre. Various remedies were used during a fortnight without avail, when the oxide of silver was resorted to, and its administration for ten days to the extent of a grain daily, afforded effectual relief, though she had previously suffered five years. Since the above was written, she has had a slight recurrence of her complaint after an interval of six months, which, however, is readily yielding to the same remedy.

Case 6. R. E., ætat. 30, was suffering with symptoms of gastrodynia, with much mental depression and constitutional debility. There was severe pain in the umbilical region, and left hypochondrium much aggravated by deep inspiration or pressure; tongue and pulse natural. Calomel and opium, bismuth and various stomachics and aperients, were ineffectually tried during five weeks. A fortnight's use of the oxide of silver, however, enabled the man to resume his occupation as a labourer. After the lapse of about three months the complaint recurred, and was similarly relieved.

Case 7. C. B, ætat. 40, within two months had lost his appetite, and become much debilitated. There was constant tenderness in the epigastrium, and paroxysmal attacks of pain several times a-day, terminating in the ejection of a quantity of clear, tasteless water. The tongue was clean and natural, and the bowels free. Half-grain doses of oxide of silver twice a-day completely relieved the gastric symptoms in a week, but to remove the debility vegetable tonics were requisite.

Case 8. Miss S., ætat 23, had for years suffered with severe gastrodynia, especially in the summer months, which numerous medical men had failed to relieve. Tenderness in the epigastrium, nausea, sense of distention, and severe pain on taking food, which is often rejected, are the most prominent symptoms: much constitutional debility and irritation had resulted. The silver was administered in the usual doses with very immediate benefit, which has hitherto persisted.

Case 9. E. V., ætat 31, had been suffering for five weeks with most distressing gastrodynia, which quite prevented his following his occupation as a blacksmith, and for which various treatment had been resorted to without avail. His state of mental depression was extreme; and though previously healthy and powerfully muscular, his strength was completely prostrate. He complained of the occurrence of violent pain at intervals in the region of the stomach; there was utter loathing of food, nausea, and occasional pyrosis; the epigastrium was very tender; the pulse and tongue were natural, and the bowels regular. Half-grain doses oxide as of silver three times a-day peedily afforded relief, and in a fortnight he was able to resume his work.

In the above cases we find the oxide of silver subduing states of excitement and irritation, chiefly indicated by watery eructations, intermittent pain, and a sense of uneasiness and nausea, on which constitutional symptoms had supervened. The beneficial result was generally rapidly produced, reducing the morbid excitement, and restoring innervation to its normal channels. In cases where I deem organic mischief to have resulted, where the tongue is tumid and rather cracked, with a creamy surface, where there is *constant* gastric uneasiness greatly augmented on food being taken, especially if it be improper in its nature; the pulse weak and sharp, though often slow: in such cases the remedy is totally inefficacious. Dr. Bird informs me that in cases characterised by a glairy discharge from the stomach, which he considers analogous to the follicular gastric dyspepsia of Dr. *Todd*, he has completely failed in at least thirty cases in producing the slightest benefit by the use of the oxide of silver; and in those cases of pyrosis where I have found benefit, the discharge was certainly by no means glairy or viscid. He has seen the happiest results from the use of the remedy in gastrodynia, regarding it as a symptom of irritative dyspepsia.

Case 10. W. T., ætat. 32, has been out of health for some months, but had become much worse during the last fortnight. He had been daily more or less affected with dysenteric diarrhœa, passing at times a quantity of florid blood. Paroxysms of violent pain were frequently experienced in the epigastrium, after which a quantity of clear water of bitter taste was vomited. He had lost all appetite; pulse very weak, and much general debility. He was ordered to take half a grain of oxide of silver twice a-day. Within three days the pyrosis was completely relieved; the diarrhœa was much restrained, hardly any blood being passed, but diuresis was very troublesome for a few nights. He remained, however, in a deplorable state of weakness, which required an assiduous administration of tonics and nourishment. The pyrosis has never returned. The diarrhœa recurred from time to time, but without hæmorrhage; and was readily checked by two or three oxide of silver pills, though unaffected by opium.

Case 11. J. S., ætat. 47, had been ailing a fortnight, eight or nine evacuations from the bowels taking place daily without much pain. They were fluid, dark, and often mixed with blood. The abdomen was tender, especially in the site of the colon; pulse 80, weak; tongue red, and somewhat glazed. Eight doses of oxide of silver at intervals of six hours completely cured the man.

Case 12. Mrs. C., ætat. 40, remained in a state of great debility after fever, and an intractable diarrhœa came on, twelve or more evacuations occurring daily, with great pain, but no hæmorrhage. For a fortnight all the usual means were tried without the diarrhœa being effectually restrained, when the oxide of silver was resorted to, and complete success attended its administration in the course of a few days.

Case 13. Miss J., ætat 24, was subject to periodical attacks of diarrhœa. One more severe than usual was readily arrested by oxide of silver, but at the same time menstruation was completely checked for twenty-four hours, occasioning some inconvenience.

Case 14. Mrs. V., ætat. 50, was greatly relieved from chronic diarrhœa by a week's administration of the oxide of silver.

Case 15. Mrs. P., ætat. 30, was temporarily relieved, by oxide of silver, of periodic diarrhœa, but the complaint soon recurred; and as it was found to depend on an atonic state of the digestive apparatus, the food being passed in an unassimilated state, iodide of iron was substituted with complete success.

In troublesome cases of idiopathic diarrhœa or dysentery, attended even with much irritation, the effect of the oxide of silver was strongly marked, and its sedative action clearly distinguished. Beyond checking an exhausting secretion, it did not appear to exert the slightest tonicity; it always being requisite, where debility existed, to resort subsequently to corroborant treatment. In Case 15 the respective action of oxide of silver and ioduret of iron were well contradistinguished. Also, in Case 13, the influence on the uterine function was remarkable.

Case 16. W. W., ætat. 32, a stout, healthy man, complained of excessive nocturnal sweats, without the slightest trace of any organic mischief of any kind. The use of the oxide of silver for a few nights was completely successful in checking the diaphoresis.

Case 17. P. K., ætat. 54, subsequently to a slight febrile attack, became subject to excessive diuresis, having occasion to get out of bed three or four times in the night, when he would pass three or four pints of water. There was constipation, clammy mouth, and excessive appetite. After giving a dose or two of opening medicine, the oxide of silver was administered, and by persisting in its use for a fortnight the flow of urine was so completely abated, that the man never had occasion to get out of bed above once in the night. The other symptoms, also, quite disappeared.

These last two cases are instances of the arrest of excessive secretion by the oxide of silver. It was used in a case of mellituria, with only slight temporary effect; but I could have wished that the use of the remedy had been pushed further. It was also used in a case of hæmaturia, and afforded some relief, but the copaiba was found far more efficient.

Case 18. L. J., ætat. 14, became affected with a slight menstrual show, and subsequently, probably in consequence of the uterine excitement, she suffered from violent pain in her legs, preventing her from getting about. A week's administration of the oxide of silver afforded complete relief.

Case 19. C. C., ætat. 27, had long suffered from constant ill-health, with severe dysmenorrhœa and various neuralgic symptoms. No remedy afforded her permanent relief, but the oxide of silver made her feel so much more comfortable, that when removed from the neighbourhood she sent a considerable distance to obtain a supply. It doubtless had some influence over the uterine irritability.

Case 20. E. M., ætat. 26, had been for some years affected with uterine disease. The use of the oxide of silver had an obvious effect in diminishing pain in the region of the uterus, and diminishing the muco-purulent discharge.

Case 21. M. P., ætat. 21, was suffering with pulmonary abscesses, unconnected with phthisis. There was great nervous irritation, and violent pain in the epigastrium, which were much relieved by the oxide of silver. The pulse gradually fell in a fortnight from 110 to 92. Powerful counter-irritation and tonics were subsequently successfully resorted to.

The above four cases are calculated to bear out the opinion of the sedative influence of silver.

Case 22. Mrs. M., ætat 35, had been suffering from severe menorrhagia, for a fortnight, which was controlled in twenty-four hours by oxide of silver.

Case 23. Mrs. M., ætat. 46, had menstruated several consecutive times to excess, attended with much pain; the present attack was much more severe, so that she was compelled to seek medical relief. The flux had lasted more than a week, and instead of abating, was on the increase. The discharge came in large clots, with violent pain, much increased on the slightest motion. It was greatly abated by three doses of the oxide of silver, and in the course of three or four days the discharge was quite arrested, and the pain completely subsided. During four subsequent months she experienced no particular inconvenience at the monthly periods; at the fifth her complaint recurred with violence, but was subdued with facility by resorting to the same treatment at an earlier period. Slight giddiness was occasioned, which was immediately relieved by an aperient.

Case 24. Mrs. M., ætat. 45, had suffered for some months with leucorrhœa, and also menorrhagia, but at the time of application was only suffering with the first complaint. She had much pain in the back and down the thighs; the discharge was profuse, and there was great general debility. Oxide of silver, administered in the usual way, arrested the leucorrhœa, and when she did menstruate, the flux did not come on to excess at the two subsequent periods.

Case 25. Mrs. S., ætat. 34, had been out of health a year and a half, in consequence of a severe mental shock; profuse menorrhagia coming on at short and uncertain intervals. There was also abundant leucorrhœa. These affections had produced pain in the back and side, and great debility. The oxide of silver was given in half-grain doses twice a-day, and at first disagreed somewhat with the stomach and bowels, but within five days the leucorrhœa was stopped, the pain relieved, and she consequently felt much stronger and better. The next menstrual period came on after a much longer interval, and more moderately than for some time previous. The amendment has hitherto persisted.

Case 26. Mrs. A., ætat. 31, became affected with a considerable sanguineous discharge, when between four and five months advanced in pregnancy. It was unattended with pain, and had gone on for some days previously to her applying for advice, though without occasioning any particular weakness. Six doses of oxide of silver, at intervals of six hours, quite restrained the flux.

Case 27. Mrs. M. ætat. 29, was about four months gone in pregnancy when violent flooding came on; this was restrained for a few hours with the oxide of silver, when the hæmorrhage recurred

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in an alarming manner; and the placenta being found attached over the os uteri, further interference became requisite to effect immediate delivery.

Case 28. Mrs. T., ætat. 40, had long been affected with chronic enlargement of the womb, and had been subject to violent flooding from time to time at the menstrual periods. She had this time been affected more than a week, the discharge being abundant and clotted, and attended with much pain in the abdomen and back. It had caused much general debility, and the bowels were rather relaxed. She had suffered severely some time previously from an injudicious attempt to restrain the discharge with acetate of lead and opium, which occasioned a severe illness, and inspired her with dread of any attempt at arresting the flow. Half a grain of the oxide of silver was ordered twice a-day, and the best effects were soon manifest from its administration. In forty-eight hours the flux was completely restrained, without the slightest ill effect, and she was quite freed from pain. The next menstruation occurred in moderation.

Case 29. Mrs. B., æt. 42, was suffering with excessive menstruation, with the usual symptoms. It was readily restrained in twenty-four hours with the remedy.

Case 30. Mrs. S., ætat. 34, was affected with severe and alarming menorrhagia, which was checked with difficulty by sulphuric acid and opium, leaving her excessively debilitated. Two months subsequently, the complaint recurred with equal violence, but was far more readily arrested by eight doses of oxide of silver; nor has it recurred after the lapse of five months.

Case 31. Mrs. R., ætat. 36, had been labouring under excessive menorrhagia for a fortnight, the discharge being clotted and attended with much pain. The complaint had reduced her greatly, and was getting worse daily, so that she was scarcely able to sit up in her chair. By the use of the medicine the complaint was completely abated in eight-and-forty hours, but it required a fortnight's tonic treatment to restore her strength.

This last series of cases is as valuable as it is remarkable, and the *invariable* control exerted over uterine fluxes was as gratifying as unexpected; together with some of the cases previously narrated, the results appear strongly corroborative of my opinion, that silver exerts a peculiar medicinal influence over the uterus. In Cases 26 and 27, I certainly did not anticipate any effect when a trial of the oxide of silver was suggested by my friend, Mr. Dennett. The action of silver is very widely different from the astringent action of lead, or even sulphuric acid; and the contrast is well exemplified in Cases 28 and 30. I have never seen febrile excitement result from its administration in any one of the above cases, such as we see occur from the common astringent remedies, and the only approach to inconvenience was in Cases 23 and 25. In the first of which the head suffered somewhat on the menstrual check; and in the second, on the first administration of the medicine, the stomach and bowels were somewhat upset. In those cases where leucorrhœa was benefitted, I consider it uterine, from the connexion it had with menorrhagia, and as I have repeatedly found no influence exerted over mere vaginal discharge. Dr. Golding Bird likewise entertains a favourable opinion of the oxide of silver in menorrhagia.

I may here mention a curious fact, which was related to me by a friend. He had ordered the oxide of silver for two ladies suffering with uterine irritation and menorrhagia with apparent benefit; neither of them had borne a child for some years, but immediately after being thus relieved both became *enceinte*. Thus an abnormal excitement being abated, the womb became susceptible of its natural stimulation, even as relief of irritability of the stomach will afford tonicity to the natural digestive function.

In conclusion, I beg to state that I do not by any means claim any specific action for the oxide of silver, though I do consider the influence exerted by it as very peculiar. It has been my object to specify and individualise that peculiar influence, in order that due value might be assigned to it, so that it may be available, and its effects recognisable, in complicated disease. In all the above cases I have been most careful to administer the remedy simply without the complication or interference of any other medicine.

TO CORRESPONDENTS.

M. R. C. S. E.—*A Surgeon, voluntarily and knowingly attending a duel, is amenable to the same treatment under the law, as other witnesses of the transaction.*

A. Subscriber, Gainsborough.—1. *Do the College of Surgeons examine in* Latin, *and from what Books?—No.*

2. *Do you think the expenses of Medical Education will be increased by the proposed alteration in Medical Policy?—Certainly not.*

*3.—*Refer to notice below.*

4. *Can a Student attend the practice at University College Hospital, and belong to another school of medicine without paying an extra fee?—No. The extra fee is £10.*

A Member of the Royal College of Surgeons (Sudbury) read in N°. 90 of the Medical Times,—"*The Apothecaries' Company and Greenough.—We believe the same laws apply to the Islands.*"

**The published price, 3d., will be given for the following Numbers, 32, 33, 34, 41, 52, 53, 54.*

All Letters, Communications, and Books for review must be sent (free) to T. Bailey, 10, Wellington street North, Strand.

There is no person of the name of Hunt *employed on, or in any way connected, with this journal—why does our correspondent ask the question?*

THE MEDICAL TIMES.

OUR FUTURE INTENTIONS AND DEEDS.

We have now terminated our preliminary remarks, in twelve leading articles, on British Colleges and Corporations of Medicine and Surgery. We have attempted to make the question between them and the Reformers as clear as possible to all our readers, and particularly to the country practisers, who seem, except the higher officers of the Associations, to be not only defective in fundamental knowledge of our Medical Polity, and the real grounds of Reform, but to labour under a degree of apathy, viz. inertiæ and immobility, for which we can scarcely account. We refer respectfully the profession to our previous articles on the Government of the English and Scotch Corporations; in Vol. II., Nos, 43, 44, and 54; also in Vol. III., Nos. 59, 61, 62, 63, 65, and 67; the whole of which comprehends the entire *coup-d'œil* of the subject. Distinct sketches of these bodies will follow weekly and furnish details. We never had before a separate, General Legislative, or Political History of the Profession. The evidence of the Committee of 1834, has added somewhat to the materials we previously collected in France, Ireland, Scotland and England, and confirmed what we knew before. We have propounded, and we shall continue to propound high matters of Medical Legislation and Polity, which we hope will attract the earnest attention and full consideration, as well as deserve the approbation, of all Medical Reformers; and excite them to more merited and increased efforts to expedite Reform. To suit our limits, and the variety of topics required in a periodical by persons of different tastes, we shall compress and condense the Iliad of Medical Reform as much into a nut-shell as possible. Some of our younger readers, among students, require more amusing topics, but Medical Reform is at a crisis, at which all practisers and older persons are so deeply interested, that all other subjects must give place to it at the present moment, the last interval the Legislature will allow us for deliberation, before we settle the question.

It is next our intention to give a specific and detailed plan of Reform, that we may not be distanced and left behind in proposing those particular provisions, which will be essential to a comprehensive and circumspect Reform, omitting no substantial proposition absolutely called for by the wants of the profession. We must say that we were surprised and delighted at the broad and fundamental basis on which the deputies and delegates of the Associations have, with so much knowledge and judgment, placed their ample scheme of Reform. Their machinery is excellent in theory, and we hope it may work well in practice.

Having added *our own* "Bill" to the Medical Profession Bills, we shall have two or three more general and declamatory articles to address to the profession on the course it will have to take.

The grand subjects of Quackery and Competition, the sale of Quack and Patent Medicines, the subject of the Druggist's Interference, Registration, the sketches of Physicians, Surgeons, General Practitioners, Apothecaries, and the Subdivisions, &c., will follow *seriatim*, and Unity of Education, and Degree in Medicine and Surgery.

We shall conclude with the Educational Series in due season, in which much new and spirited observation on University Schools, the various modes of Education, and the discrepancies of the very various systems of the British Schools will be freely overhauled, and criticised, we hope, without partiality, prejudice, or injustice in a comparative manner.

We are affluent in materials, and we trust we have the pen of a ready writer. We offer a cheap, frequent, but limited medium. We hope with "rosy hand to unbar the gates of light" to some thousands of Medical Men, who, in the depths and obscurities of the country, know no urban or suburban excitement, and engaged in the multifarious occasions of provincial and routine drudgery, may not have either leisure or inclination to read diffuse books, scattered journals, and prolixi nformation on the wide subject of *Medical Reform*.

We regret that the imperfect knowledge and obstructed progress of the Question of Medical Reform, and its tedious delay, as Swift says—

> "With Alexandrine in the close,
> Long, long, long, long,
> Like Dan's long nose,"

has tended to diminish professional expectation and interest in it;—but we do hope and trust that, for the future, neither indifference, indolence, apathy, or torpor, will leave the

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profession unacquainted, unconcerned, or disunited, in seeking a change, which involves the future dignity, respectability, and value of the profession; for, if the present season and opportunity are neglected, the continued ruin, demoralization, degradation, and debasement of the Medical Profession will increase in these realms. We hope to see it restored and made a source of competent provision to the diligent, honourable, and skilful regular Practiser of Medicine and Surgery, combined in unity and equality.

THE EFFECTS OF SCARCE AND HIGH-PRICED CORN AND PROVISIONS ON NATIONAL MORTALITY, ETC.

"Agmine facto
Debuerant olim Tenues migrasse QUIRITES.
HAUD FACILE EMERGUNT, quorum virtutibus obstat.
RES ANGUSTÆ DOMI, sed Romæ durior illis
Conatus: magno hospitium miserabile, magno
Servorum ventres, et frugi cenula magno."
Juvenal by Lubinus, Sat. iii. l. 165, et seq.

"How poor the privilege is become
Of being born a Citizen of Rome!
Look around the world, what country will appear,
Where friends are left with greater ease than here?
Look round the habitable globe, how few
Know their own good, or knowing it pursue.
THE POOR *were wise who by the* RICH *oppress'd,*
Withdrew and *sought a sacred place of rest.*
Once they did well to free themselves from scorns,
But *had done better never to return.*
Rarely they rise by virtue's aid, who lie
Plunged in the depths of helpless poverty.
The POOR must gain their bread by perjury;
And e'en the Gods that other means deny,
In conscience must absolve 'em, when they lie."
Juvenal translated by Dryden, Sat. iii.

DR. BISSET HAWKINS (who is a Fellow of the Royal College of Physicians, and a Professor of Materia Medica and Therapeutics at King's College, London) is not the only authority that supports the doctrine that the national mortality is increased in proportion as Corn and Provisions are scarce and dear.

The late Professor Hamilton, of Aberdeen, a philosopher of high character and talent, who rather leans to the side of Prohibition, says:—"A certain extent of privation does not destroy the health of the human constitution, but that, if it be carried beyond that limit, it does so. When the price of Corn rises *very high*, the labouring classes cannot afford to purchase what is requisite for supporting health, and may even be *exposed to starvation.*"—*On the Progress of Society. Murray*, 1830.

Mr. James Mills, the Historian of British India, says on this subject, in another point of view:—"If population increases faster than capital, which is the natural tendency of population, the difficulty of preserving a prosperous condition of the people is very great. There is in this case a perpetual tendency of wages to fall. The fall of wages produces a greater and greater degree of poverty among the people, attended with its inevitable consequences, *misery* and *vice*. As poverty and its consequent misery is increased, MORTALITY also INCREASES. Of a numerous family born, a certain number only would, from the want of the means of well-being, be reared. By whatever cause the population tended to increase faster than capital, such a proportion of those who are born would die: the ratio of increase in capital and population would thence remain the same, and wages would cease to fall." The fact is, the population has increased faster than the capital in this country. "In almost all countries, the condition of the great body of the people is poor and miserable. This is an *impossibility, if capital had increased faster than population.* The general misery of mankind is to be accounted for by these suppositions, that population increases faster than capital, and that capital has not increased as fast as it has a tendency to increase."—*Elements of Political Economy*, pp. 29, 30. 1821, *London.*

We have here one important solution of the state of the country.

It is neither just nor true to attribute all these evils to scarcity or dearness of Corn. Deficiency of capital is a second cause, perhaps chiefly produced by paying in gold for corn. In 1831, we took a great deal of pains to investigate the causes of National Distress in one middle-sized town, having been appointed by the Vestry Meeting of the Parish and Board of Health to report upon it. We there found that the principal cause of distress was excess of population in proportion to the quantity of employment, and one or two partial causes. It was relieved in some degree by emigration, but far more by an increased circulation of the currency, by the number of the New Joint Stock Company Banks, and the emulation between them and the private banks, from 1832 to 1838, when everything receded. We are convinced, for our parts, in estimating all the difficulties and troubles of this country, it will never do to look at one cause alone, as the Corn-laws, but we must compare together with the ill-effects of Corn-laws, the results of Corn-competition, over-population, over-production, weight of unpaid debt, and diminution of resources and capital, the contraction or expansion of the currency, and all other effects of several combined and contributory causes of increasing poverty, misery, and mortality. Without comparing these effects, when ascertained, *altogether*, we cannot assign what, and how much is owing to this or that single cause with truth or justice. The Corn-laws cannot be the sole cause of all the misery and mortality of the country at present, by diminishing the supply of corn, which will for a while be sufficient; but if injurious, they can only be so by preventing free trade, exchange of foreign corn for our manufactures, and certain other productions, and so depriving the large portion of the population, that is, the manufacturing, of employment and wages in proportion to capital.

Mr. Villiers, in the debate of the Corn-laws in the session of 1840, brought before the House a calculation by a physician in Manchester, as well as we recollect, drawn up in form of vital statistics, which went to show the increased average rate of annual mortality, in the dense population of that great emporium of trade, in proportion to the high prices of provisions, the dearness and scarcity of corn operating against low wages for labour and low profits for articles of trade. The minute accuracy and exactness of these calculations were indisputable, so conscious was Sir Robert Peel,—so conscious was the shrewd millionaire of the force of this statement, all consisting of statistical *facts* and *figures*, that he remarked with surprise and pleasantry, that physicians, by their extensive intercourse and confidential communication with all classes of society, had more opportunities of learning in minute detail the state of the country and of business, than any other class of men, who are not called out into the same social and domestic sphere of connexion. He thought that if they availed themselves of these opportunities of cultivating political statistics, they might make a too strong impression on the political system of the country, and prove rather a formidable body to the Government and existing policy.

It was this point, in the parliamentary discussion of the Corn-laws in 1840, which induced us to transmit to Mr. Villiers, the late honourable member for Wolverhampton, the abstract from our "VITAL STATISTICS of above 1000 cases in MEDICINE," which we have given so far as relative to the calculations and reasonings of the learned Professor of King's College, Dr. Bisset Hawkins.

We stated to Mr. Villiers these additional particulars,—that the farmers and labourers, and the householders in general, in agricultural country towns and neighbourhoods, &c. agreed in this opinion, that for the community to "live and let live," the corn should never be much higher nor lower than nine or ten shillings the bushel, or eighty shillings the quarter. But, as two corn measures are used in the Anglo-Welch country, and over-Severn, Herefordshire, and Monmouthshire, viz. the ten-gallon measure, or the eight-gallon measure, the imperial, much confusion often arises from the vague term "bushel," which means either. When the people of this locality say they should like the permanent price of grain to be ten shillings, they mean eight shillings, as we understand, according to the imperial measure of eight gallons, the corn being 1s. 6d. per gallon. It is in accordance with this prevalent impression that they now say Lord John Russell had done better to put the fixed scale of duty at two shillings lower, instead of eight shillings on the quarter. To prevent confusion, it would be well for the public, all of whom cannot carry the difference in their heads between the ten gallon and eight gallon bushel, if the latter were alone permitted in buying and selling, by law. But the farmers have an objection to a fixed and permanent price, from certain apprehensions that uniformity would enable the landlords to exact a more exorbitant rent, and acquire a too close insight into their profits or losses. The free traders object to a fixed average price, and say that the price of corn ought to be regulated by the laws of supply and demand. Little, we fear, can be done between landlord and tenant, and labourers and the free traders, by mutual concession, to settle the corn question, in their present spirit towards each other.

We ended with some remarks on the sin-

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gular degree of ignorance, prejudice, and delusion, which a great proportion of farmers labour under for want of a clear, correct, and comprehensive view of the Corn Question, though the recent discussions in Parliament and County-Town Meetings, with the assistance of a liberal and enlightened press, has somewhat illumined their darkened minds, excited their absent attention, and caused some shaking of their erroneous impressions, and also with some comparative observations on the ancient and modern wages of the labourers, against whom our oligarchs and monopolists are said and suspected to meditate a sudden and violent blow, by which they will reduce their present wages to one-half, *i. e.* to the standard of the Continent: with these topics to be reserved for another article, we concluded our first letter to that eminent and able individual, who is at present our Anti-Corn-Law champion.

Mr. Villiers's reply from the Reform Club, dated the 22nd of April, 1841, says:—"I beg to acknowledge the receipt of your interesting communication received yesterday. I think it would be of infinite service if we could get more facts of the same character. It would be almost worth while to have a Committee of the whole House to inquire into the connection between the price of provisions and the rate of mortality. I shall feel greatly obliged to you for any further information you will send me of the same kind, and begging you to excuse me for haste, &c., to which I am obliged, by press of business, to write at this moment."

Dean Swift wrote "A modest proposal to murder all the infant children of Ireland in one night." Mr. Mills, with much candour and simplicity, hints at a similar course, and all the secret motives and intentions of our Corn-law oligarchs and monopolists seem to savour of a similar Herodian spirit. Mr. Mills says:—"It has been seen, that if births take place more numerous than are required to uphold a population corresponding to the state of capital, human happiness is immediately impaired. The grand problem, therefore, is to find the *means* of *limiting births* to that number, which is necessary to keep up the population without increasing it." He also adds, that if *expedients* can be employed to *limit* sufficiently the number of births there will be no occasion for Mr. Owen's Social Establishments and their *unexampled felicities*.

Having descanted on these facts, and on the whole view of the lamentable results of Scarce and Dear Corn, we call on those in our profession, who are above the moral cowardice of committing political suicide on themselves by consulting the dictates of oligarchs and monopolists, to assist in collecting the statistics of the Mortality of 1817, and 1838, with a comparative statement of births, deaths, and marriages, in the same years, and the fatalities of preceding and following years, in their particular localities. It is impossible for *one* man to do all things for the whole without help. The speech of our old acquaintance, Mr. Hiend, of Gloucester, against Corn-Laws, in the "Gloucester Journal," three weeks ago, is a spirited example to other professional men.

(To be concluded next week.)

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXVI.—THE CLAMART AND THE QUARTIER LATIN.

The *Ecole d'Anatomie de Clamart*, in the Rue des Fosses, St. Marcel, towards which Huggles now piloted his friends, is one of the most admirable institutions of its kind in the world; whether we regard the excellent regulations adapted for the arrangement of the studies therein pursued, or the adaptation of the building to its purpose. It comprises four long and lofty dissecting rooms, forming by their cleanliness and ventilation a strong contrast to the confined noisome *salles* of the Ecole Pratique. A museum of valuable preparations, a lecturing theatre, in which anatomical lectures are delivered gratuitously twice a day during the session, by M. Maisonneuve, the "prosecteur," and M. Serres, the gentleman to whose labour the museum is indebted for its choicest specimens; rooms for private dissections; other apartments for macerating or injecting the bodies—in fact, every possible advantage for pursuing anatomical studies.

When Okes and Swubs entered one of the dissecting rooms, they were surprised at the appearance of industry that reigned throughout. There were upwards of fifty pupils in the apartment, all quietly engaged at their respective slabs, and not even turning their eyes from their work, as the new comers arrived. The bodies had not long arrived from the various hospitals, and the "distribution" had just taken place, so that there was a far greater number of subjects being dissected at once, than is ever seen in London. Nor were there any of those disgusting putrid remnants of mortality lying about, which taint the air of our own establishments with their noisome stench. A great feature in the regulations of the Clamart is, that the prosecteur goes round the various rooms every morning, and if he should chance to see any dissection in an incipient state of decomposition, he has the power of ordering it away on the moment, without the least occasion to consult the inclination of the owner.

"I do not see many English here at present," remarked Okes, as he cast his eyes over the assembled body of students.

"Nor do you ever," replied Huggles, "at least not so many as you would expect. Whether it is from ignorance or obstinacy I know not; but certainly it appears strange that comparatively so few avail themselves of the unequalled advantages which Paris affords for acquiring a sound anatomical education."

"I should think they might see them too," rejoined Okes.

"They *won't* see them," answered Huggles, "With the London-born men perhaps it is different, but you should recollect the majority of our hospital pupils are from the country. An apprenticeship to a rural practitioner, and the casual attendance of a Poor-law Union, does not tend to put many ideas of refinement into their heads, and most of their friends would look upon sending them to Paris for study, as equivalent to committing them at once to the care of the devil."

"And yet I think it is quite as easy to fall into mischief in London as in Paris," said Swubs.

"Take my word, Swubs," answered Huggles, "for I have tried them both. Paris may be frivolous, and hold out numberless temptations to dissipation, but for regular go-a-head downright wickedness, London beats it hollow."

The two walked through the different rooms, and having inspected their various arrangements and advantages, rested for a short time on a lawn in the centre part of the building, which was tastefully laid out in flower beds, and shaded by trees planted at certain intervals.

"Now, look at this, boys," said Huggles, "you may dissect here in the private rooms of the prosecteurs for 25 francs a month—that, you know, is just one pound—with fresh subjects every day. This is for the summer months. In winter, you may clear the whole session for two hundred francs; nay, you may pay twenty-five francs for a course of lectures on operative surgery from Lisfranc, Roux, or Velpeau, and be provided, into the bargain, with a sufficient number of subjects to perform every operation two or three times over."

"But they do not inject the arteries," observed Okes.

"And what does that matter? If you were performing an operation on the living body—tying an artery, for instance—and cut about in the expectation of finding the red tobacco-pipe-looking tube you had been accustomed to dissect, you would be rather flummuxed, I'm thinking. Injected bodies are all very well for industrious potterers and twaddling new men to make preparations from, but, depend upon it, it is the best practice to take the subject as it comes."

"What a valuable member of society you must have become, Huggy, since you left our school," said Okes. "Why, at one time, a pot of half-and-half could pull you away from the finest extremity of the best subject that ever kicked."

"It would have great attractions now," replied Huggles, laughing, "but the students here work so hard whilst they are at it, that it induces you to study. Now in London how the devil could you get on, whatever your inclinations were, with a regiment of pewter-pots on the mantel-piece, and one man detailing the doings of the previous night to a dozen others, who amused themselves, as they listened to him, with throwing cinders and pieces of adipose tissue at the men who were working, or driving all the cocks and hens in from the street, and keeping them in a state of perpetual flutter and skrimmage over the tables."

"Or hopping steeple-chases on the stools until they broke all the legs off," continued Okes. "There is certainly better order kept up here."

"You will say so," answered Huggles, "when you have attended a little while. Only, if you really want to get on, you should live separately, for I am sure you will never read as long as you are together. Solitude drives a man to study."

"I should think so," said Swubs, "House-surgeons are the boys for solitude. I cannot fancy a more bitter picture of heart-breaking loneliness than a junior house-surgeon laid up with *hernia humeralis*. I saw Rundle so once. He said the only living things he had to keep him company were the nurse, the bugs, and the leeches. Hospital toast-and-water, too, is so very exhilarating."

"Is that the nurse you were telling me of?" asked Huggles.

"Yes, the same—Old Surgery. I was in the taking-in room one morning, with Rundle, and she was calling in the out-patients by turns from the waiting-room. When she could not make out the name on the card very distinctly, she used to take shots at it. 'Anybody

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here of the name of Parker, Slarker, Barker, Marker, or anything like it?' cried Surgery, 'Is it Philip Darker you mane?' asked an Irishwoman. 'That's it,' replied Surgery, 'where's Philip Darker?' 'Here he is,' returned the woman, holding up a bottle. 'Where,' asked Surgery, looking at the dirty round six-ounce as if she expected to see a bottle-imp in it.' 'Faix, and it isn't there he is,' cried the woman; 'your sowl, did you expect to see him in that bottle? He's got the cholary worry-go-nimbles, and can't come.'"

"What on earth are they?" said Huggles.

"It's a technical term of the Irish College for diarrhœa," replied Okes, laughing.

They amused themselves for some little time conversing on things in general, and watching the odd contrasts which the dresses and styles of the different students presented, as they came to or left the dissecting-room. When they had concluded their observations, they rose to depart.

"I will take you to a new scene to-night," said Huggles, as they turned once more into the street, and quitted the abode of death for the bustling, inconvenient thoroughfares of Paris. "We will dine outside the Barrière du Mont Parnasse, and having visited some of the public balls in the vicinity, will finish our evening at the Chaumière—the Vauxhall of Paris, if we have anything in England that will bear comparison with the unceasing scene of gaiety which it presents.

"But I think it is Sunday," observed Okes, having some sort of vague idea that it was the day in question.

"So much the better," replied Huggles, "that is why I am taking you there. Sunday is the only real day for out-and-out amusement in Paris; and if the place I am going to shew you does not completely circumslogdollagize your intellects, never take me with you for a guide again."

It certainly was Sunday, as Okes had imagined, although there was little in the appearance of the city to remind one of the Sabbath. All the shops were wide open—the click of billiard-balls and the rattling of dominoes issued from all the Cafés—men were placarding the walls with the bills of the different theatres for that evening, most of which offered superior attractions to their week-day amusements—music resounded in the greater number of the streets; in fact, beyond an additional liveliness, there was no change from the ordinary routine of the days. The majority of the people were, to be sure, somewhat better dressed than ordinary; the students mounted their closest fitting trowsers, and the *grisettes* sported their prettiest *bonnets* (by which, of course, we understand caps), but this only increased the gaiety.

"I do not wonder at the foreigners thinking our Sundays in London very dull," said Huggles, "after their own country. I think a dull, wet Sunday afternoon, with nothing to break the general monotony of the day, but the clank of the milkmaid's pails and her melancholy cry, is enough to make a man hang himself for sheer melancholy."

"I generally shut myself up all day," observed Okes; "I hate walking out; you meet such swarms of snobs. If you have a carriage, and can ride in the Park, that is a different thing; but I think a medical student, in any vehicle more respectable than a Hansom's cab or a Paddington buss, is an anomaly more to be wondered at than finding a wig and false set of teeth in a diseased ovary."

ROCKET.

(*To be continued*)

KING'S COLLEGE HOSPITAL.

CLINICAL REMARKS ON A CASE OF INTERNAL STRANGULATION.

BY DR. TODD.

In a clinical lecture lately delivered on a case of internal strangulation, Dr. Todd remarked, that the symptoms arising from obstructed bowels were so distressing, not only to the patient, but to all who witnessed them, that decision and promptness on the part of the practitioner who might be consulted, were, on such occasions, of more than their ordinary importance. When such a case came under observation, it behoved us to weigh and consider well the symptoms, with a view to a precise diagnosis, and an accurate appreciation of the extent to which the interference of medical art might be legitimately employed. Within a recent period, two very formidable cases of this kind had occurred in the hospital, presenting very similar symptoms: and as the last of them came under his (the lecturer's) care, he was anxious to call the attention of the students to it, and to make some remarks on the phenomena that presented themselves to notice.

The patient, Ellen Sheppard, was an unmarried woman, aged 24, a milkwoman, who stated that until the 16th day of the month she had enjoyed general good health. That night, without any assignable cause, she was seized with griping pain in the umbilical region, followed by vomiting; the bowels, however, having been opened that evening. On the following day, the 17th, everything, whether food or medicine, was rejected immediately it was taken; and although various medicines had been administered, no evacuation from the bowels had been obtained. These symptoms, without any relief to the bowels, continued until the 22nd, when she was admited into the hospital.

He found her lying in a state of apparent collapse, with cold surface and extremities; countenance haggard, with an injected patch on each cheek; a peculiar, feeble, stridulous voice. She answered questions with reluctance, and appeared indifferent to what was going on around her; her chief anxiety seemed to be to obtain relief to her thirst, which was excessive. The circulation was extremely languid; the heart's action feeble; and the pulse small, and very feeble, 88 in a minute. She tossed about her arms and picked the bed-clothes: everything taken, of whatever kind, was rejected almost the instant it reached the stomach. She vomited great quantities of a green fluid, resembling verdigris in colour, which seemed to consist of the fluid swallowed, with the addition of the colouring matter. There was no trace of fæculent matter in the fluid ejected from the stomach. She suffered much from hiccough. Her tongue was perfectly clean and moist, and continued so throughout her illness. A careful examination was made of the various regions at which hernia might be expected to protrude—an inquiry which the practitioner should always make it a point to institute immediately on being called to such a case. One could scarcely exaggerate the calamitous consequences which might result from omitting such an enquiry, supposing a hernia to have existed, and to have caused, by its strangulation, the symptoms under which the patient laboured. A patient is suffered to perish under a malady, which, had it been taken in time, admitted of an easy remedy, and the reputation and peace of mind of the practitioner much impaired and disturbed. On no account, then, must the practitioner omit to examine, early and carefully, the abdominal, crural, and umbilical rings, in all cases of obstructed bowels, with vomiting.

Being satisfied that there was no hernia, his (Dr. Todd's) attention was next directed to ascertain what other cause there might be for the symptoms. He examined the abdomen; it was perfectly free from swelling, or tympanitis, and pressure did not give pain. When percussed, a clear sound was elicited everywhere except in the region of the cæcum; and this fact, taken in connection with the collapsed state of the abdomen, led him to conclude that there was no great accumulation of fæcal matter in the intestine; that, probably, there was some in the cæcum, although the quantity must be small, as that region of the abdomen was not at all prominent. The entire absence of pain or swelling, whether partial or general, from the commencement of her illness, excepting the griping pain first complained of, indicated that no inflammatory action existed, either within the intestine, or affecting any of its tunics, or the peritoneum; and this conclusion was confirmed by the state of the pulse, which in number exceeded to but a slight extent the normal standard, and in other respects was totally devoid of any of the characters of an inflammatory pulse. There was no force, no hardness in it; it was very feeble, very compressible, and indicated not only a depression of the propelling power of the heart, but an almost total absence of the vital tone of the coats of the artery itself.

It seemed sufficiently clear that this was a case of non-inflammatory obstruction of the bowels; but it remained to be determined what the nature of that obstruction was, as well as to ascertain the precise part of the intestinal canal in which it existed. By taking a view of the various causes which might give rise to the phenomena, we might arrive at a satisfactory conclusion; and,

First. The symptoms might be owing to a lodgment of fæces in some part of the intestinal tube, or to some foreign body being impacted, and impeding the progress of the contents of the intestine. The previous good health of the patient, the absence of all pain, swelling, and other signs of inflammatory action or irritation, rendered this opinion improbable.

Secondly. An intus-susception at some part of the intestine would give rise to the symptoms. In general, however, intus-susception was accompanied with pain, and more or less of abdominal swelling and tympanitis: the absence of these signs in the present case, as well as the unfrequent occurrence of the disease in the adult, threw much doubt on this supposition. Still it was to be remembered that a non-inflammatory intus-susception might occur, and that such a lesion would give rise to precisely similar phenomena to those observed in the case under consideration.

Thirdly. The symptoms might be occasioned by an internal constriction, which might be caused by some old adhesion binding down a portion of intestine, or by the entanglement of some part of the intestine by another, or by some other abdominal viscus; by the mesentery, or by a strip of omentum; or by having protruded through a perforation in the omentum or mesentery. The vermiform appendix had been known to have become entwined round a portion of intestine causing its constriction.

Dr. Todd believed it most probable that

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this was a case of internal constriction or strangulation, depending on some of the causes above named. The history of the patient, however, gave no clue to discover at what time any adhesion could have taken place, as she stated that she had previously enjoyed good health.

It was also important to determine the particular part of the intestinal canal in which the obstruction existed. As the matters vomited presented no trace whatever of fæculent matter, such as was found in the large intestine, it was inferred that the obstruction was situated above that portion of the canal, but there was nothing to indicate the part of the small intestine which was constricted. At one time the patient complained of slight pain a little below and to the right of the umbilicus; but this pain was not so marked or so constant as to afford any guide in fixing on the seat of the disease.

The patient continued without any change in the symptoms above enumerated, except increasing weakness and exhaustion, till the morning of the 26th, ten days from the commencement of her illness, and died, completely worn out, that day.

The treatment consisted of the free administration of the strongest purgatives, both by the mouth and by enema, castor-oil, croton-oil, spirit of turpentine, sulphate of magnesia, extract of colocynth, were all successively administered. The œsophagus tube was on several occasions introduced high up, and enemata thrown up by it. Calomel and opium were freely given; and warm baths, fomentations, and emollient applications to the abdomen were tried.

An autopsy was made in the afternoon of the day she died. There was no peritoneal inflammation. The stomach was very much contracted, so as to resemble an intestine in its shape; its only contents were a few shreds of mucus, covered by a green matter resembling that which had been vomited. The small intestine, as far down as to within a foot and a half of the cæcum was healthy; that portion which hung in the pelvis was very much congested. Very little gas was developed in the small intestine, and that only in detached places, the intervening portions being empty and contracted. About a foot below the duodenum, there was a patch of adventitious cellular membrane adherent to the peritoneum covering the free surface of the jejunum, about an inch and a half in length, and floating in the cavity of the abdomen, unattached to the opposed portion of peritoneum. This membrane contained several very large straight vessels filled with blood, which pursued their course, apparently without anastomosis to its free margin. About eighteen inches from the cæcum the small intestine was constricted by a thick cord of adventitious membrane, which formed a complete ring through which a knuckle of intestine had passed. This cord was attached behind to the mesentery, and passed forwards to be inserted into the anterior or right surface of the mesentery near to its root; it encircled a large knuckle of intestine, and completely constricted it, so as to obliterate its canal at the constricted points; but no adhesion had formed of the core to the intestine. Could it have been possible, during life, to have discovered precisely the situation of the constricting cord, nothing would have been easier than to have divided it, and thus relieved the stricture: and it was deserving of notice, that the only pain that the patient complained of during her illness, was in that part of the abdomen which corresponded to the seat of the constriction. A few leeches were applied here, and the pain gradually ceased to trouble her.

The preparation of the parts is preserved in the museum of King's College.

It was obvious, from the appearances presented in the dissection, that this woman, at a previous period of her life, had been the subject of a peritonitis, partial, and very limited, no doubt, but still sufficient to give rise to the formation of firm and highly-organised adventitious membranes. These partial inflammations were, most probably, the result of an irritation propagated from the mucous to the serous surface of the intestine; and as we know that local irritations of the gastro-intestinal mucous membrane often exist even to so great an extent as to produce ulceration, without commensurate symptoms, there was nothing in the post-mortem appearances inconsistent with the patient's statement as to her freedom from illness previously to that which ended in her death. This poor woman was one of a class of hard-working, ill-fed persons very numerous in this city. She was an Irish milk-woman; the air she breathed in the purlieus of St. Giles's was no more favourable to a healthy digestive function than the food, bad in quality and variable in quantity, on which she subsisted.

Dr. Todd directed the attention of the students to three points of interest in connection with this case.

First. The first was the peculiar green colour of the matter vomited. The vomiting of green matter, like verdigris in colour, was not uncommonly observed when there was gastric irritation. Dr. Todd had himself frequently seen it, and he referred to some interesting cases of "a fatal disease of the stomach," recorded by Dr. Cheyne in the fourth volume of the Dublin Hospital Reports, in which obstinate vomiting of a green fluid of the colour of verdigris formed the prominent symptom. Dr. Todd supposed this green matter to result from the action of the muriatic acid of the stomach upon the bile, which found its way into the stomach from the inverted motion of the duodenum.

Secondly. An interesting phenomenon in the case was the peculiar stridulous voice. In all cases of obstinate vomiting this was apt to occur—in strangulated hernia, in cholera, it is well known. Dr. Todd believed that it might be explained by the exhausted condition of the vagus nerve, the motor nerve of the larynx, consequent upon the incessant action of the stomach.

Thirdly, Another circumstance deserving of notice was the rapidity with which death took place. Between the occurrence of the first symptoms and her death, a period of only ten days had supervened. The shortness of this period seemed explicable only by the exhaustion which the constant vomiting produced, as well as the almost total absence of nutrition.

Constipation might be supported for a very considerable time, provided there was not constant sickness with it. Of this, several instructive examples were on record.

ROYAL COLLEGE OF SURGEONS IN LONDON.

At a Meeting of the Council, on Thursday, the 8th inst., George James Guthrie, Esq., F.R.S., was elected President, and Anthony White and John Goldwyer Andrews, Esqrs., were elected Vice-Presidents of the College for the year ensuing.

List of gentlemen admitted members on Friday, July 9th, 1841.—John William Griffith; Thomas Brugis Flower; Henry Cox Goodlake; Peter Leigh; Charles Osmond Woodford; Thomas Osburne; John Oliver Taylor; Henry Charles Stewart; William Lane; William Moorhead; Thomas Stack.

POISONING WITH ANTIMONY.

Dr. Lohmeier, of Schonebeck, has related some interesting cases of poisoning with antimony which occurred to workmen employed in the manufacture of anatomical preparations. They were exposed, in their operations, to the vapours of oxide of antimony, antimonious and antimonic acids, and hydrochlorate of antimony. The symptoms were, slight pain of the head, with tightness of the chest, gradually increasing to pain, and severe stitches, and accompanied with a dry, racking cough. To these symptoms succeeded swelling of the cervical glands; burning and lancinating pains in the back of the neck and head; scanty expectoration, accompanied with sibilous râles; nocturnal sweats, and diminished appetite. Diarrhœa, with griping pains, and enlargement of the abdomen, came on, and subsequently stranguary, pains of the testicles, with loss of desire, proceeding to actual impotence, and ultimately shrinking of the penis, and atrophy of the testicles. The symptoms, after disappearing under treatment, broke out afresh on the individuals being again exposed to the anatomical vapours. Dr. Lohmeier recommends local bleedings, and the administration of bark, for the treatment, and strong currents of air through the manufactories, for the prevention of the injurious effects to which the workmen are exposed.—*Casper's (Wochenschrift*, April and May, 1840) *Edinburgh Monthly Journal of Medical Science.*

ON THE ACTION OF SAL-AMMONIAC ON IODIDE OF POTASSIUM.

BY M. VOGEL, OF MUNICH.

A physician, of M. Vogel's acquaintance, is in the habit of employing as an external application, a powder composed of eight parts of sal-ammoniac and one of iodide of potassium, which he encloses in a piece of fine linen, and applies over the part affected. M. Vogel having remarked that the cloth containing this powder had, after some days, acquired a brown colour, undertook a series of experiments to investigate the mutual action of these salts, with a view to discover the cause of the development of this brown tint.

When eight parts of dried sal-ammoniac, and one part of dried iodide of potassium are triturated together, some ammonia is disengaged. This is due to the action of a little alkaline carbonate, which the commercial iodide always contains; it does not take place if the iodide of potassium has been rendered quite pure by repeated crystallizations.

The mixture of the two salts forms a white powder, which retains this aspect for an indefinite period, if it is preserved in air-tight bottles. If the mixed salts, thus preserved from the contact of air, are tested with starch, no blue colour is developed. It therefore contains no free iodine, and it may be preserved in this unaltered condition even in the form of solution. But if the mixture of the salts is exposed to air, especially in thin layers, or in contact with organic matters, it soon loses its white colour, and, at the end of 24 hours, has acquired a yellow tinge, and gives a blue precipitate with solution of starch. Free iodine has therefore been developed, by its exposure to the air. When the mixture was exposed under a jar to air which had been dried by chloride of calcium, it remained unchanged for several days, whilst another portion exposed to a moist atmosphere became speedily brown. When the mixture was exposed to a current of humid air, a piece of paper, moistened with solution of starch, and placed about three inches above the mixture of the salts, became blue after a few days, and this disengagement of free iodine was found to be going on even after the lapse of four months. At the end of six months, all the iodide of potassium had disappeared, the

residuum consisting merely of sal-ammoniac and chloride of potassium.

Further, M. Vogel finds that sal-ammoniac decomposes iodide of potassium at a high temperature, iodide of ammonia and free iodine being driven off, along with the excess of sal-ammoniac.

The chlorides of potassium and sodium, when pure, do not affect this decomposition.

M. Vogel concludes from these experiments, that muriate of ammonia and iodide of potassium do not re-act on each other in dry air, but that if exposed to a moist atmosphere, a gradual evolution of iodine occurs; that the change is not due to the oxygen of the air, but to the decomposition of the moisture in the atmosphere; and that the change effected is, the formation of iodide of ammonia, which volatilizes and sets iodine at liberty. M. Vogel suggests this as being a convenient method of exposing any part of the body to the continued action of iodine, without the risk of applying the remedy in too great quantities.—*Journal de Pharmacie, March*, 1841.

SIDE-SLIP FOR QUACK'S CORNER,—NO. V.

"I say, HUM, how fares it with QUACKERY now?
Is it PRIME, is it UP, is it spooney, or HOW?"
Tom Moore Travestie.

"A QUACK! to feed like fleas on human blood!"
Smollett.

THE MOUNTEBANK OCULIST of last century is now extinct. In the reign of George II., Sir. Wm. Reed, an oculist of this class, from a tinker became a "SWORN OPERATOR" in London, was knighted, and kept a *chariot*. The following lampoons were written on himself and his Royal Patroness, the Queen, who made him "Oculist to Her Majesty" (!) for even Royalty and courts are not exempt from the contagion of credulity and quackery:—

"Her Majesty sure was in a surprise,
Or else was very short-sighted,
When a Tinker was sworn to look after her eyes,
And the MOUNTEBANK REED was Knighted."

This man had the vanity to have his picture drawn upon copper. [Why not brass?] "He presented one of these," says the sketcher, "to a friend of mine, who pasted it up in his house of office, with these lines underneath:"—

"See here the picture of a brazen face:
The fittest lumber of this stinking place;
A tinker first, his scene of life began;
That failing, he set up for CUNNING MAN;
But wanting luck, puts on a new disguise,
And now pretends that he can *mend* your eyes;
But this expect: that, like a tinker true,
Where he *repairs one eye, he puts out two.*"

Dr. Turner, who, whether a Tinker-oculist or Cobler-oculist in London, we know not, had these lines addressed to him in the old *Gentleman's Magazine*, by Sylvanus Urban, Esq., 1747:—

"Whilst all our Journals speak thy praise,
Thy wondrous cures proclaim,
Why not the Muse some trophies raise,
And sing thee into fame?

"If Galen's sons will flout and scoff,
And with thy fame make free,
A friend should try to ward them off;
And I that friend will be.

"'He is a KNAVE!' thy censurers cry,
'Whom IMPUDENCE assures
What is the reason, none can spy
These UNIVERSAL CURES?

"'What is the reason we behold
So many BLIND *men still?*
Either it is their *want* of *gold*,
Or else 'tis *want* of *skill*.'

"But slander false must yield to truth
The *long-experienced nation cries*;
What you can do, know well enough,
Th' ocular test of demonstration lies.

"The tale is that your praises too
Are of *your own inditing*; just so;
But this reflection can't be true,
Witness this present writing, heigho;

"'Tis MERIT makes me take thy part,
I have no interest in it, I vow,
For I am quite beyond thy art,
Having the second sight, just now.

"Then let the BLIND repair to thee,
And trust thy judgment wholly;
Take all thy CURES, and give the fee,
And they'll soon see their folly."
Gent's Mag. vol. xvi. p. 377, 1747.

These lines, which are more laudable for their good sense than their doggrel versification, which was that of the day, exhibit the spirit with which NOTORIOUS and RANK QUACKS were squibbed and exposed in that age of England's greatest freedom of the Press, prosperity, and happiness, the reign of George II., when the Patriotic old Whigs governed the country, and repeatedly saved it from the Jacobites and destructives. In country practice, the title of oculist has been assumed by *green* lads, who have come up out of villages to "set up in towns, as an extra-attraction of Jacks of all branches, and masters of none; but of late the baits of these gudgeons have failed to catch the flats of simpler days. We have said enough of the mere muffs and potterers, and blue-bottle-counter-druggist-surgeons of watering-places, who arrogate to themselves the functions of SELF-DUBBED OCULISTS, without adding to the list of those superfluous and mischievous subdivisionists who live by gulling the ignorant and over-confident part of the community.

John Richard Farre, M.D., in his evidence before the Select Committee, in 1834,—Mr. Warburton, chairman,—stated that "a want or non-admission of ophthalmic medicine and surgery into Guy's and St. Thomas's, simply because there were no patients to be seen, had led to the separation of this branch from general practice. A certain degree of manual dexterity had enabled the oculist to carry off the rich, and the poor always follow in their train! (O SERVUM PECUS.—ED.) The poor, therefore, would not consult the profession on the diseases of the eye, and the establishment of this Eye Institution became the means of restoring diseases of the eye to the Profession. It was established in this manner:—Saunders was a West of England man, and had no London connexion. He had served an apprenticeship in the West of England, and then he came to London. He so quickly distinguished himself in Anatomy, that in two years he was appointed the Demonstrator of Anatomy to St. Thomas's Hospital. Finding that he possessed extraordinary talent, I enquired into the possibility of introducing him into one of the London hospitals; but I found that it was *impossible*: they were *shut against him!*" (O YE BATS. ED.) "He could only be admitted in *one* way; *talent* could *not admit him*? He must be admitted by *money!*" (O, ye Cappadocians, what, sell the carcasses of the poor for GOLD? Well done BATS!—ED.) "He must be admitted by *money*; by entering as an apprentice to *one* of the SURGEONS of *those* HOSPITALS." (Well done BATS, again.—ED); "and it was because he was again required to undergo a novitiate of seven years that this Institution was established for him. He proposed it himself; and, aided by some of the public and private benevolent characters, in London, he effected the object. (Contrast the benevolent of other days, the fine old English gentlemen of the olden time, with the sordid and avaricious oligarchs and timocrats of these newfangled days, when the rich care nothing for the poor!—ED.) By virtue of that effort, the DISEASES of the EYE have been restored to the PROFESSION, both to PHYSICIANS and SURGEONS. We have educated between 1,200 and 1,300 physicians and surgeons at that institution.

CASES. BY ROBERT MURRAY, ESQ., EDINBURGH.

ACQUIRED PES EQUINUS, CURED BY OPERATION.

John Oliver, ætat. 8, of sallow complexion, but general health tolerably good, was observed, during a tedious and protracted convalescence from scarlatina, four and a half years ago, when walking, to draw up the *right* heel. Since that period, the contraction of the tendo Achillis has gradually but perceptibly increased, so that at the present time (Oct. 9, 1840), the plantar aspect of the heel, when he stands erect, is distant from the ground about *five* inches.

The abductor pollicis muscle and plantar fascia are also preternaturally contracted, giving the foot a tendency to *varus*. In walking, the toes and distal extremities of the metatarsal bones alone reach the ground. The limb, from the foot upwards, is considerably attenuated, evidently from the circumstance of those muscles so necessary to progression not being called into use. It may be remarked, that the foot is shorter than its fellow of the left leg by one inch.

Oct. 10. I divided, with Liston's club-foot knife, the tendo Achillis, plantar fascia (midway between the balls of the heel and great toe) and abductor pollicis tendon; the division of the first was indicated by a snap, audible at the end of the room; I applied pieces of dry lint to the punctures, set the foot and leg loosely in a pasteboard splint, and put the patient to bed. The quantity of blood lost by the operation did not exceed six drops.

12. Wounds cicatrised; the space between the divided tendons filled up with a soft pulpy mass, which is the new-formed tendon; not the least constitutional disturbance present.

14. Commenced traction by means of an *apparatus*,* consisting of a foot-piece and leg-splint; the elongation of the new-formed tendons was productive of some pain.

22. Since last report, the extension has been daily kept up, and the object in view, namely, to bring the foot to a right angle with the leg, is now attained; the new-formed tendinous matter has also acquired strength and solidity. The apparatus is still applied.

27. The traction was discontinued two days ago; he walks about with great alacrity, and when doing so, takes much pains to plant the heel, which he can do with facility, firmly on the ground.

30. Dismissed perfectly cured.

Two months subsequent to the operation he could walk, or rather run, a distance of five miles without feeling fatigued by the journey; his gait is firm, graceful, and free from any halt; the muscles of the affected limb, too, are well defined and brawny; and altogether his personal appearance is vastly improved, having exchanged the sallow complexion of apparent sickness for the ruddy one of robust health.

CONGENITAL FLEXION OF THE DISTAL PHALANX OF THE RIGHT THUMB, CURED BY OPERATION.

John Donaldson, ætat. 4, a fine, healthy boy. His mother states, that he has never been able to extend the distal phalanx of the thumb to more than a right angle with the proximal, although the mobility of the joint is in other respects perfectly free. On attempting to extend the former, a tight tendinous stricture is felt at the flexure of the joint.

Feb. 27, 1841, I divided, in the usual manner, with the club-foot knife, the contracted tendon;

* This simple and efficient apparatus was, I believe, first suggested and used by Dr. Handyside, of the Royal Infirmary here, for the cure of club-foot.

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made slight extension, and set the thumb in two pasteboard splints; one placed on the dorsal, the other on its palmar aspect.

March 3. Thumb nearly straight; effusion of new tendon abundant; pain of traction trifling.

6. Thumb quite straight; there is a little œdema caused by the pressure of the splints and bandage.

12. Cured; the splints and bandage have been discontinued for the last day or two; he can now extend and flex the thumb in a most satisfactory manner.

Edinburgh, May 29, 1841.

BRITISH MEDICAL ASSOCIATION,

Exeter Hall, July 6, 1841.

Dr. WEBSTER in the Chair.

The minutes of the last meeting were read and confirmed. The following gentlemen having been duly proposed and seconded, were elected members of the association:—

J. Fosbroke, M.D., Ross, Herefordshire.

J. Curtis, Esq., Union-terrace, Kentish-town.

J. Knaggs, Esq., Mornington-crescent, Kentish-town.

H. Oliver, Esq., sen., Stilton, Huntingdonshire.

Reports of deputations appointed at the last meeting to wait on Parliamentary candidates were given to the meeting by the following gentlemen:—Dr. Webster, R. Davidson, Esq., R. Wallace, Esq., E. Evans, Esq., and C. H. Rogers Harrison, Esq., and ordered to be received.

A letter was read from Dr. Fosbroke, of Ross, containing suggestions for improvements in medical politics.

A letter was read from J. H. Nankivell, Esq., of St. Columb.

The following resolutions were unanimously agreed to:—

"That an address be framed in the form of a circular, and forwarded to the individual members of the House of Commons, expressive of our views on the subject of medical reform, and inviting their co-operation."

"That an address be issued to the medical practitioners throughout the United Kingdom, pointing out the progress of medical reform, and calling on them to exert themselves on the present occasion, by explaining its objects, importance, &c., to members of Parliament for their neighbourhoods."

"That a deputation be appointed to attend at the ensuing annual meeting of the Provincial Medical Association to be held at York."

The meeting then adjourned.

SPECIMEN OF THE EFFECT OF A LIGATURE UPON THE FEMORAL ARTERY.

Professor Harrison said he had lately had an opportunity of examining the artery of a man who had been operated on for popliteal aneurism about eight or nine years ago in the Richmond Hospital. The case had been under the care of the late Dr. M'Dowell, who took up the artery in the upper third of the thigh, and the man was discharged, cured in the course of a few weeks. He continued to enjoy good health until a short time since, when he was attacked with bronchitis, for which he was taken into Sir Patrick Dun's Hospital. At the time of his admission he was in a state of great exhaustion, and survived only a few days. On dissection, the lungs were found to be emphysematous, and exhibited the anatomical characters of bronchitis. There was nothing remarkable in the heart, except some hypertrophy of the right ventricle, but the aorta showed numerous traces of organic alteration. It retained its cylindrical form, without any tendency to collapse of its wall, and at some points the sides of the vessel could not be approximated without considerable force. Its interior was found to be thickly studded with calcareous scales, covered in most places by he lining membrane, but in some the lining membrane was deficient over the calcareous deposit. At the place where the ligature had been applied upon the femoral artery, there was obliteration of the canal of the vessel to the extent of an inch and a half. Half an inch above this obliterated portion, the profunda artery arose, and appeared to be considerably dilated. Below it the femoral artery was pervious down to the ham, where it again became obliterated to the extent of about two inches. The articular arteries were enlarged.—*Dublin Journal of Medical Science*, July, 1841.

LIST OF EXAMINERS, &c., ROYAL COLLEGE OF SURGEONS, LONDON.

PRESIDENT.

Mr. Guthrie, Berkeley Street.

VICE-PRESIDENTS.

Mr. White, Parliament Street.
— Andrews, St. Helen's Place.

EXAMINERS.

Mr. Vincent, Lincoln's Inn Fields.
— Thomas, Leicester Place.
— Keate, Albemarle Place.
Sir Benjamin C. Brodie. Saville Row.
Mr. S. Cooper, Woburn Place, Russell Square.
— Laurence, Whitehall Place.
— Travers, Bruton Street.

ADULTERATION OF BALSAM OF COPAIBA.

BY GEORGE TYRER, ESQ., LIVERPOOL.

Agitate one part of the suspected balsam with two parts of liquor ammoniæ; let them remain a few hours: if the mixture continues milky, the balsam contains castor oil.—*Chemist, p.* 128, *April*, 1841.

According to the Edinburgh Pharmacopœia, (Edin. 1839, p. 16) Copaiba is—"Transparent: free of turpentine odour when heated: soluble in two parts of alcohol: it dissolves a fourth of its weight of carbonate of magnesia with the aid of a gentle heat, and continues translucent."—*Editor Monthly Journal Med. Science.*

AMERICAN MEDICAL SCHOOLS.

NUMBER OF STUDENTS.

THE following are the numbers of medical students at the American Universities during the past season

University of Pennsylvania.—The entire numbers of those attending the medical classes, 410.

Albany Medical College.—The entire number of students, 122, of whom 29 have taken degrees in medicine.

Institute of Louisville.—The medical class numbered 205.

Geneva College.—Total number of medical students, 136, of whom 34 graduated in medicine.

Harvard University.—Number of medical students, 88.

Transylvania University.—Number of medical students, 254, of whom 62 received the degree of M.D.—*American Journal of Medical Science.*

VACANCIES, PROMOTIONS AND APPOINTMENTS.

ARMY.—Hospital Staff:—To be Staff Surgeons of the second class, Assistant-surgeon Wm. Irvine Breslin, from the 9th Light Dragoons; Assistant-surgeon Thomas Foss, from the 38th Foot; Assistant-surgeon George Ledingham, from the 24th Foot; Assistant-surgeon Thomas David Hume, M.D., from the 43rd Foot.

NAVY.—Acting-surgeon R. D. Pritchard, of the Herald, to the rank of Surgeon. Appointments. Surgeons: H. W. Mahon, M.D, to be Surgeon-superintendent of the Mexborough convict ship, now taking in transported felons at Kingstown, Dublin; R. R. Hopley to the Electra. Assistant-surgeons J. W. Graham, A. W. Babington, and J. Rae (*b*) to the Queen.

OBITUARY.

On Friday the 9th instant, at Ipplepen, Devon, Samuel Burrows, Esq., M.D., aged 47, universally regretted.

ADVERTISEMENTS.

TO SURGEONS, CHEMISTS, &c.—The attention of the Profession is respectfully solicited to Messrs. HEWLETT and GODDARD'S MONTHLY PRICE CURRENT, for DRUGS, PHARMACEUTICAL PREPARATIONS, &c. The Vegetable Extracts, generally so variable in their Properties, are prepared by them at a low temperature, by a Steam Apparatus.

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THE MEDICAL TIMES.

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On the 1st of July was published, price 4s. 6d., cloth, No 3, January to June 1841, of

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY, giving a faithful digest of the most practical matter contained in all the Medical Journals for the past six months. Edited by W. BRAITHWAITE, M. R. C. S., Surgeon to the Leeds General Eye and Ear Infirmary, and Lecturer on Midwifery and the Diseases of Women and Children in the Leeds School of Medicine.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 96. Vol. IV. LONDON, SATURDAY, JULY 24, 1841. PRICE THREEPENCE. STAMPED EDITION, 4d.

For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street, North London—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d. [T. BAILEY, WELLINGTON STREET NORTH, STRAND.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. I.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

THE REASONS for REFORM are these:—the great body of medical reformers have seen the many anomalies, incongruities, and abuses in the MEDICAL POLITY and EXTERNAL LEGISLATION of the PROFESSION in the UNITED KINGDOMS. They have seen three centuries and almost a quarter of grievance, gross imperfection, in the past time and present, of the entire government and constitution of the profession; they have seen the delay and failure of iterated and reiterated demands again, again, and over and over again, but urged in vain, in the olden time and present, to procure an amendment. For more than 300 years they have remonstrated with the "powers that be" in vain.

The time has now arrived, when we feel it due to ourselves to announce those SPECIAL and SPECIFIC MEASURES of REFORM, which, after fifteen years' devotion to that subject, we consider to be absolutely needed and imperiously called for, so soon as they can possibly be matured.

We shall take a general and concise view of the special measures required, as an *avant-courier* and polar star of our future steerings in this long and tedious voyage. Medical Reform, like the siege of Troy, the voyages of Æneas to Ilium, and of Ulysses to Ithaca, has been beset with nothing but difficulties and obstructions, dangers by flood and fell, shoals and embarrassments; but, with perseverance, we shall now, as we trust, see a propitious conclusion to the futile efforts, struggles, and disappointments of THREE CENTURIES, and at last reach the destined haven of our hope, and accomplish that good which may not benefit materially ourselves or our contemporaries during our mortal lives to any great extent, but which will place our posterity in a position very different to that which WE have occupied, and leave us that last satisfaction, and greatest consolation, that, whatever we may have gained, or lost, or endured, in our lives, we have acted from a clear conscience, done our duty, as far as it lay in our power, and so we shall depart in peace with all mankind. It is Petrarch, who says: "If I attain to what I aspire, so much the better; if I do not attain it, at least my intention is good; I have nothing to reproach myself for. I desire that I should be known and approved by posterity. If I have not succeeded, I shall be known to my own age, or with all my friends at least." He had his desire. Another says: "If I have done well, and what is fitting, it is that which I desired; but if slenderly and meanly, it is that which I could attain unto."

They see that the suggestions of truth and reason have not been heard. Neither the honour, respectability, nor interests of the profession, have been regarded. Common sense, when it has interfered, has been called faction, and stale prejudice, truth. A great nation has suffered its medical institutions to continue 200 years in the rear of its neighbours. Every example of improvement has been heard, not regarded; proposed, but not complied with. Power, place, and money alone dictate; and inferiority and imperfection are the consequences. Our advancement is retarded by the arrogant conceit which all petty oligarchs and monopolists have exhibited in themselves. Our most hateful and intolerable defects are represented to be our greatest perfections; and obstructives, who undeniably are the worst men in the country, are described as angels in disguise. How full is this country of rich men's flattery! Appearances and extremes of individual prosperity and greatness have been appealed to in proof and evidence of what they have nothing at all to do with. In a few years, without Reform, our Medical Institutions and Schools, and our boasted Eminents, will sink to the lowest ebb of contempt in Europe.

They now see, that, in consequence of the more general diffusion of knowledge, the great advancement of the ART, as well as the SCIENCE of SURGERY; and regret, in common with the public at large, the opposite state of the SCIENCE and ART of MEDICINE, which is yet a very backward, uncertain, complicated and difficult art, and has been so pronounced by Sir Walter Scott, and every philosopher, in general and medical science. Above all, the Medical Reformers of Great Britain see the comparative progress and superiority of other European countries in Medical polity and legislation, both in general principle and detail—both in speculation and practice—both in theory and working: they see that not only the private and clinical practice of Medicine, though it may have received some very moderate improvement, still stands on a very fallacious basis, and requires more facts and figures to test its truth, and more appropriate cultivation, and trial of invention and experiment to increase its very fallible and its present often injurious and precarious resources. They glance over the temporal and worldly state of the profession, and they see preoccupation pressing on preoccupation, and redundancy mounted upon redundancy, as the barrister full of Coke upon Littelton says, he sees "a fee mounted upon a fee." They behold this excessive preoccupation and redundancy; they witness the demoralising and destructive effects of overcompetition: they know that the supply of a multitude of regular, irregular and empirical practisers of very various grades, divisions, and distinctions, have increased to a degree and extent out of all proportion to demand: they see that emulation is gone and superseded by the invidious and malignant passions, and that men's intents and purposes are not so much to live by the profession, and by the honest and honourable conduct of themselves within it, as by building up their own reputations and emoluments on other men's ruin, after the manner and fashion of cannibals and cut-throats and exacting, in many instances, through, paucity of employment, more from a few individuals than those few employers have any right to disemburse.

Impelled by these and very many other substantial and cogent reasons, derived from the manifold and flagrant defects and abuses of the profession and its superannuated institutions, TEN to FIFTEEN THOUSAND REFORMERS have taken the whole subject into consideration, for the most part formed themselves into associations, obtained an inquiry before a select committee of the House of Commons (1834), and preferred their petitions to the legislature. They have declared the imperious, nay absolute necessity of a FULL, FREE, and EFFICIENT REFORM, on more open and liberal principles than those of our old British Medical and Surgical Colleges and Corporations; and now, that all circumstances seem to conspire together to call for amendment and reform in many respects, we are all resolved to suggest a more equal, uniform, and elevated standard of preliminary and medical qualifications; a more peremptory prohibition and suppression of SCIOLISM, IRREGULARITY, and QUACKERY; and to adopt all such improvements and more enlightened examples of other civilised countries, as we may deem expedient, judicious, and useful; and, finally, all other measures and modes of reform, which may be of a practicable and serviceable character.

We agree with the late venerable Dr. Carrick, of Bristol, "That the whole existing fabric of Medical Polity is faulty from beginning to end." We trust, with Dr. Hardy, that "We shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT Reform."

(To be continued.)

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE XVI.

GENTLEMEN:—Passing in review the organs of reproduction in the vertebrata, the gradations which connect the different classes are so imperceptible, as compared with the invertebrate classes, that it appears preferable to consider at once the male organs in their entire range from the lowest to the highest before proceeding to the female apparatus. This has been done in the preceding lectures, and we now come to the examination of the female organs in the various classes, in the same order, from the lowest to the highest.

FISHES.—The hard roe of fishes is familiar to most persons; it is of a yellow colour; occupies the whole length of the abdominal cavity, and is granular upon its surface; this is the ovary. In the simplest forms of the essential generative organs of the female, this alone exists. In the lamprey and the eel, two lengthened and lamellated organs are observed running the whole length of the abdominal cavity, one on each side of the vertebral column; they resemble the essential organ of the male, and like the testis have no efferent duct; the ova burst from the cellular stroma of the ovarium into the cavity of the abdomen, and are expelled from the cloacal opening through the peritoneal canals. In the lamprey, before the formation of the ova, the ovarium is a simple fold of mucous membrane, invested by a thin fibrous layer, and then covered by peritoneum; in the next place, it becomes puckered and plaited,

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being at the same time increased in breadth and thickness. In this condition it constitutes the plicated organ, so frequently observed in female fishes; afterwards it becomes granular upon the surface, and greatly increased in size by the development of the ova. If the anal opening be examined, a small depression, immediately behind that aperture, is the sinus urethralis, in which the ureters terminate; and directly posterior to the sinus are the terminations of the peritoneal canals. Much question has arisen with regard to the mode of generation of the common eel; but if one of these fishes be opened in the month of October, these lamellated and granular organs will be distinctly seen, extending backwards into the tail, beyond the anal aperture.

In the ordinary osseous fishes the ovaries are two elongated capsules, each prolonged backwards by means of a dilated membranous oviduct, which terminates in the usual situation behind the anus. In the perch and viviparous blenny the ovarium is single, not as occurs in birds from the atrophy of one ovary, but from development; it is found to be single at its earliest appearance in the embryo. In the ammodites, or sandglance, there is a single ovary, which appears to be divided by a median longitudinal septum into two lateral portions. Upon closer examination, however, it will be seen that this is actually a single ovarian sac, bent upon itself at the middle of its length. In the pipe-fish, syngnathus, there is a single ovarium, with a simple straight oviduct at each side.

Structure of the Ovary in Fishes.—The ovarium consists essentially of three layers; serous, fibrous, and mucous. If the sac be laid open, it will be observed that one portion of the internal surface projects, and is thicker than the rest. In this disposition we have the earliest trace of a distinction between the *ovigerous* and *oviducal* portions. In the lophius piscatorius the ovigerous and oviducal portions, or the combination of ovary and oviduct, are very distinct. The various modification which the ovary presents in the class of fishes, will be found to be referrible to the peculiar disposition of the ovigerous portion of the mucous membrane. In the lophius the ovigerous membrane will be seen to be studded with papillæ, to each of which four or five small rounded processes are attached. In the wolf-fish the ovigerous membrane is developed into numerous oval and compressed processes. In general the surface of this membrane is plaited into numerous transverse lamellated folds, as in the cod-fish. In the mackarel these processes are oblique; and in other fishes they are longitudinal.

In the cod-fish the two ovarian sacs combine to form a short common duct, by which the ova are conveyed to the cloaca. In some instances a portion of the internal surface of the ovarium is protruded from the cloaca; and in this way, probably, some fish are enabled to deposit their ova upon the sand of the beds in which they spawn. In the syngnathus, near the spawning season, Hunter has left preparations to show the ovaria filled with ova.

In the consideration of the progressive development of the essential organs in the male, we observed four degrees of complication. In the first and simplest condition, the testis existed without any efferent duct; 2, a partial duct, as in the Sturgeon, was seen; 3, the duct became continuous with the tubular structure of the testis, but was as yet simple; and, 4, the testis became more compact, and its efferent duct more convoluted. A progressive change analogous to this occurs in the ovarium of the female. In the lowest fishes the ovarium is simple, and without an excretory canal, as in the Lamprey and Eel. In the second grade, as in the osseous fishes, there is a short and wide oviduct. In the third grade, as in the Sturgeon, the oviduct is partial, precisely like the vas deferens in the male, and not connected with the ovarium. And in the fourth and highest grade, as in the Sharks and Rays, the analogy with the male organs is still kept up; the oviduct is long, convoluted, and compressed; never connected with the ovarium, but commencing, like the Fallopian tube of higher animals, with an open orifice. The two oviducts, in the latter form of essential organs, commence by a common opening situated above the liver, whence they proceed backwards and downwards to the cloaca. This structure, with a smaller and more compact form of ovarium, is associated with the existence of a rudimentary intromittent organ in the male, by means of which impregnation is ensured.

In examining the disposition of the male generative organs in the Shark and in the Ray, it was observed that after quitting the testis, the vas deferens in its course became tortuous and convoluted, and constituted by its numerous windings a rudimentary epididymis; nearer to its termination, moreover, it formed a dilated glandular sac, representing a vesicula seminalis. It will now be interesting to inquire, whether any such disposition exists in the corresponding organ, the oviduct of the female. The oviducts commence by a short common duct, from a common orifice situated above the liver. After a short course each duct becomes dilated into a sac, analogous to the epididymis of the male, but serving the office of a nidamental gland. Near its termination it forms another dilatation, analogous to the vesicula seminalis of the male, but in this instance an uterine cavity.

Some cartilaginous fishes, as the common Dogfish, are oviparous: others, as the spiny Dogfish, are viviparous; the Rays are oviparous, while the Torpedos are viviparous. In the viviparous Shark, the glandular nidamental portion of the oviduct is small, while the uterine portion is very extensive and lamellated upon its internal surface. Coincident with such a structure, the ova are provided with very little external covering, but are developed within the uterine cavity. In one genus of Shark, the Carcharias, lately arranged as a subgenus by Müller, the uterine portion developes from its interior, small, vascular tufts, analogous to the uterine cotyledons of ruminants, and at the same time fœtal cotyledons are produced from the vitelline membrane; the only difference being, that the latter are formed by the omphalo-mesenteric, in place of the umbilical vessels. It is very remarkable so low in the scale to find structures so closely resembling the organisation of higher animals, as in this instance.

In Skates the highest degree of organisation in fishes is observed; internal impregnation takes place; and concurrently with this condition the ova are developed progressively, and not altogether as in osseous fishes. The ovaries are compact in their form, of a bright red colour, depending upon the pigment contained within the ova, and situated near and immediately beneath the liver. The common opening of the oviducts is situated immediately above the liver. Upon the perfection of one of the ova, it bursts from its calyx and proceeds to this opening, and is thence conducted into the nidamental sac; and after obtaining its peculiar covering, is carried downwards to the uterine sac. If the disposition of the oviducts in the Octopus be now called to mind, it will be recollected that a nidamental organ was found in that animal, composed of numerous lamellæ of the lining membrane. In the Skate there are also lamellæ, which are studded with cœcal follicles, resembling very closely those of the proventriculus of birds.

In the Lepidosiren, that remarkable animal forming a link between fishes and reptiles, and having so many points of resemblance to each, the true position which it ought to occupy with regard to these two classes, must be decided by reference to its general organisation. In the examination of the female organs, the great length and flatness of the ovaria, possessing two distinct oviducts, each very long and much convoluted, we are reminded of the peculiar disposition of these parts in the fish. But, on the other hand, it will be remembered, that some fish, as the cartilaginous, have small and compact ovaria; so that length of these organs cannot be looked upon as peculiarly characteristic of fishes. The uterine portion of the oviduct in the Lepidosiren, like the same part in the viviparous Shark, is provided in its interior with numerous oblique laminæ; whence it may be inferred that it brings forth its young alive.

Reptiles.—The Lepidosiren forms a beautiful transition from fishes to reptiles; its generative organisation is very similar to the perenni-branchiate Axolotl. In the latter reptile the ovaries are long, and the oviducts commence by two separate, and not by a distinct opening, as in the higher cartilaginous fishes. The oviducts are lined in their interior by a vascular mucous membrane thrown into transverse folds, as in birds, and terminate in the cloaca. The ova within the ovaries are held together by an albuminous substance, and distend these organs very considerably. In the Syren, the transverse folds of the oviduct are also distinct, and the ova contain a dark pigment, like that in the ova of frogs. In the Menopome, a reptile in which the external branchiæ are closed in, and replaced by branchial apertures, the ova are of an opaque white colour. In the Newt the ovaria are shorter, and more compact in their form. The Frog presents ovaries similar in form to the abdominal cavity of the animal, and broader than in the preceding reptiles. The ova are of a dark colour, and, having passed the narrow portion of the oviduct and entered the uterine cavity increase very much in size. The oviducts commence towards the anterior part of the abdominal cavity, and are extremely convoluted. Near their extremity they dilate each into an uterine sac, which are placed side by side, and open into the cloaca by two distinct apertures.

There is only one genus of Batrachian reptiles which is viviparous, the land Salamander. The uterine cavity in this animal serves for the partial development of the young, as in the marsupial animals, and the difference of form between the superior portion of the oviduct or Fallopian tube and the uterine cavity is very distinct.

Ophidia.—In the higher reptiles the ovarium approaches in its form that of the higher classes of animals. In Serpents, however, it corresponds, as do all their internal organs, with the lengthened figure of the animal; the oviduct is long, and much convoluted. In the Viper, another characteristic of the Serpent tribe, is well seen—the non-symmetrical position of the two lateral organs. The ova are disposed in the oviducts in a single line, like a string of beads.

Sauria.—In the Lacertine Sauria, the ovaries are smaller and more compact. In the Crocodile, besides the ovaries with their oviducts, which open into the genito-urinary portion of the cloaca, there exist some additional organs of generation. In the vestibular portion of the cloaca, and occupying the same position as the penis of the male, there is a rudimentary clitoris; at each side of its base are the peritoneal outlets, and extending from these canals a small cæcal process, which passes into the substance of the clitoris.

Chelonia.—In the Tortoise, the general form of the ovarium is lamellated and folded, as in the osseous fishes. In the Turtle there is a great difference of size and appearance between the ovary after oviposition and at the breeding season; the ovary at the former period is a collapsed vascular organ; but as the ova are formed, it increases in bulk, and a mesenteric fold is produced by which it is retained in its situation. The oviduct is convoluted and compressed as in Serpents, and commences by an expanded and infundibular opening.

LECTURE XVII.

In tracing the generative apparatus through all its variable phases of complication and improvement, from the lowest to the highest beings in the animal scale, it will be seen that fecundity diminishes in an inverse ratio with the increase of intelligence; that where the latter quality is at a low ebb, and is incapable of supplying the necessary resources for the protection of the offspring, the young are extremely numerous; and that, on the other hand, where nature has bestowed an ample provision of intellectual capacity, which is capable of being applied to the wants and defence of the offspring, the number is diminished in equal proportion.

In fishes the ovary exists in its utmost simplicity, and produces myriads of ova; many of which must be lost, or become the food of other animals. When once expelled from the peritoneal canals, they are wholly uncared for by the parent. In the Crocodile, where fecundation is ensured by internal impregnation, the ovary is smaller, but the ova are yet numerous. They are deposited by the mother in the sand, and left to the warmth of the sun to become hatched. If the parent ever return to the spot where they have been laid, it is only to intercept the young in their passage to the river, and devour them. Birds, on the other hand, are remarkable for their intelligence and sagacity, and for the numerous arts which they adopt for the protection of their ova and their young. It is in them that the first simplification of

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the generative organs is observed; a diminution of the internal apparatus, no less in importance than the abrogation of the entire half of the essential organs.

Aves.—It has already been seen, that in the Crocodile the ovaria are small, the oviducts convoluted and simple, without any uterine portion, and that they terminate in the cloaca, one on each side. This structure may be considered as the type of birds. In the Chick there are two ovaries and two oviducts. At the earliest period that the Chick can be examined, there will be found in the lumbar region of the abdomen two organs, which represent the generative and urinary apparatus; these are the temporary or deciduous kidneys, the corpora Wolffiana. From the posterior part of these bodies the kidneys are developed, and from the anterior the ovaries. After a short time the right ovary remains stationary, and preserves its embryo condition during the whole of life. The left, on the contrary, goes on increasing to the adult age. While these organs are yet in their embryonic stage, four tubular cæci are produced from the cloaca, and proceed inwards towards the abdomen. The two on the left side are continued upwards to the left ovary and kidney, and constitute the oviduct and ureter: of those of the right side, that which represents the ureter, alone reaches its corresponding gland; the remaining tubulus, the rudimentary oviduct, retains its embryonic condition throughout life, or is subsequently absorbed. Sometimes it may be discovered in the adult.

The *ovarium* of birds consists of a thin and compressed layer of cellular tissue, which constitutes the parenchyma or stroma of the organ. This structural tissue is invested, first, by a thin vascular layer, then by a thin fibrous membrane, and, thirdly, by the peritoneum. The surface is at first smooth; it then becomes tuberculated, by the formation of numerous closed cells or vesicles In several of these vesicles the first rudiment of the ovum is shortly developed. The large size of the egg of the bird has reference to the length of time that the embryo must exist within the shell, deprived of all communication with the mother, and the extent of development which is required at the moment of birth. The ovary is situated in front of the left kidney, and in close contact with the inferior vena cava.

The vesicles of the ovary, progressing in their growth, gradually project from the ovarium, pressing before them the coats of that organ, until at last they are connected with it only by a slight pedicle: the ovary at this period presents a racemose appearance, and is not unlike a bunch of grapes of various size. The capsule, which incloses the vesicle or yolk, is at this period composed of the three layers of the ovarium and is called the *calyx*, the pedicle is the *petiolus*. The calyx is very vascular, excepting at a broad line which is altogether deficient in vessels, and is named the *stigma*. It is this part which gives way when the yolk bursts from the calyx; the calyx then becomes collapsed, and is eventually absorbed. There can be therefore in the ovarium of the fowl, nothing analogous to the corpus luteum of higher animals. In the raptorial birds there is almost invariably a distinct right ovarium, but it is much smaller in size than the left.

The *oviduct* is of large size, much convoluted, and becomes thicker in its coats towards the lower part, and terminates in the cloaca. It commences with a wide slit, without any trace of a fimbriated portion; and at its lower part, near to the cloaca, is dilated into a thick glandular sacculus, which secretes the shell, and is therefore called the *calcifying segment*, and by some the uterus. The yolk with its inclosing membrane is received by the mouth of the oviduct after its escape from the calyx, and during its course along the duct is surrounded by the albumen; it is here also that the *chalazæ* are formed. Upon reaching the calcifying segment, the whole is surrounded by the hard shell and its membrane. If the mucous membrane of the oviduct be examined beneath the microscope, immediately after killing the bird, the small particles contained in the water in which it is immersed, will be seen to be put in motion by the action of the numerous vibratile cilia with which its entire surface is covered.

The oviduct having to exercise considerable pressure upon the ova, as well as to resist their weight is provided with two strong *ligaments*, the superior and inferior, which undergo a remarkable change at the period of laying, and become strongly muscular. The inferior ligament is cruciform in its dispositions and is attached to the anterior surface of the calcifying segment. The superior ligament is the strongest and most important; it is attached to the last rib but one, near to its head; is analogous to the broad ligament of mammiferous animals, and forms a kind of mesentery to the duct, which has been named *mesometra*.

In water birds and in the struthious genera, where it was observed that a penis existed in the male, a rudimentary organ of the same kind, the clitoris, is found in the female, encircled by its peculiar spiral groove.

Mammalia.—In passing from birds to mammiferous animals, no violent transition will be found to exist, the more particularly if the class be left with the consideration of those genera in which both ovaries are present, the right being merely somewhat smaller than the left. This structure naturally leads to the disposition of the generative apparatus in the Monotremata.

In the Ornithorynchus paradoxus, there are two ovaria, the right being smaller than the left. The oviduct is long, and disposed in transverse parallel convolutions, like that of birds. But there is here, for the first time, a distinction in the form of the oviduct, which admits of its division into a Fallopian and an uterine portion. The two oviducts terminate separately on each side of the urethral opening. The urethro-sexual canal passes through an extremely narrow pelvis, which would be incapable of transmitting a body of large size, and terminates in the cloaca, near to the opening of the rectum. In front of the cloaca, and projecting into it by its extremity, is the sheath containing the clitoris. Another generative peculiarity is seen upon the hind legs of these animals; it is a small depression of the integument in the situation occupied by the spur in the male. In the young male there is also a depression upon this spot, and at its bottom a small rudimentary spur, which grows to a considerable size. In the young female a spur also exists at the bottom of the cavity, but it retains its rudimentary form throughout the life of the animal.

As yet, no vagina, that is, no canal, leading especially to the uterus, and distinct from the cloaca, has been observed. In animals higher in the scale, there will be found two ovaries, two Fallopian tubes, two uteri, more or less blended, until they form one single cavity, a vagina, an urethro-sexual canal, a clitoris, and a hymen.

The *ovary* always occupies its original position within the abdomen: it consists of a cellulo-fibrous stroma, more dense than in birds, inclosed in a thin, vascular membrane, external to which is first a fibrous and then a serous layer. In relation to the size of the animal, this organ is much smaller than in the preceding classes; it is oblong and compressed in form, and the surface is quite uniform. In the different classes of animals, however, it presents some interesting *modifications*. In Marsupiata, as in the Wombat, the ovary is racemose in appearance, as in the bird. In Rodentia, as in the Rabbit, and in some Pachydermata, as the Hog, the same character is apparent, and the ova are formed within chalices. Generally, the ovary is situated in the posterior fold of the broad ligament of the uterus: but in the Bitch there is no part resembling that organ to be perceived. It is here inclosed in a distinct bag of the peritoneum, a tunica vaginalis, which receives the extremity of the Fallopian tube, and communicates with the general cavity of the abdomen only by means of a small and constricted opening. The same disposition is observed in the Seal. In some quadrupeds, and in the earlier stages of the Whale (Balæna), the ovarium is elongated, and presents upon its surface numerous cerebriform convolutions, like that of fishes.

In the *oviduct*, or Fallopian tube, several remarkable *modifications* are observed. This organ is truly the ovi-duct, as serving the purpose of transmitting the ovum from the ovarium to the uterus, or to the cloaca; the term Fallopian tube is bad, and can be compared only with some of the absurd and unscientific terms which are used in veterinary anatomy, such as coffin bone, &c. In its passage along this tube, moreover, the ovum undergoes changes; and the elaborate and interesting investigations of Dr. Martin Barry have indicated no fewer than twenty-one phases during its transit. In the Ornithorynchus paradoxus, the commencement of the oviduct, the ostium abdominale, is a simple opening. In all other mammiferous animals it presents a peculiar disposition, which has been named the *morsus diaboli*. In the Wombat the morsus diaboli is formed of a multitude of fringes. In the Kangaroo the same appearance is observed; the tube is straight and short in all the Marsupiata, and presents numerous villous processes upon its internal surface. In the sow and mare it is much convoluted; but in the feline tribes it is straighter and shorter. The general character of the oviduct is to be wide at its commencement, narrower towards the middle, and wider again near its termination in the uterus.

The *uterus* is composed of a mucous layer, a fibrous coat, an aponeurotic coat, and an investment of peritoneum constituting its serous layer. Its extent is proportioned to the number of young, and the fertility of the animal. When a numerous progeny is produced, the organ is double, and the two uterine ducts have no communication. In the rabbit there are two uteri, opening into the upper part of a single vagina; this constitutes the *uterus duplex*. In the guinea-pig, cavia, agouti, &c., the two uteri become blended towards their lower part, and terminate in the vagina by a single aperture: this constitutes the *uterus divisus*. In the sheep and in the bear, the two organs are more closely blended, forming the *uterus bicornis*. And, lastly, in man and in the sloth the organ is single; the *uterus simplex*. The internal surface of the uterus, in some species, as the uterus bicornis of the camel, the llama, and the paca, is smooth. In these animals the membranes of the fœtus are unprovided with cotyledons. But in the ordinary ruminants, where the membranes of the fœtus are connected with the mucous membrane of the uterus, by means of numerous placentulæ, the situations of attachment may be perceived upon the surface of the organ itself. When the giraffe or cameleopard was first brought to this country, and when its natural affinities were warmly discussed, it was a matter of much interest, in the examination of the first that died, to find longitudinal parallel processes upon the internal surface of the uterus, like those in the shark, and which were obviously intended for the reception of fœtal cotyledons; and the existence of their placentulæ were afterwards proved, on the occurrence of that remarkable event, the birth of a young giraffe. In the hare and rabbit, the internal surface presents numerous irregular villi. In the cetacea there are regular longitudinal folds, like those observed in the intestine.

The uterus is attached and retained in its position by means of *ligaments*; the inferior or round ligaments, and the superior or broad, which are connected superiorly with the lower border of the diaphragm and with the last rib.

The *vagina* is first seen among mammalia; it is commonly single, but in the embryo is divided into two lateral channels by means of a median septum. In a rare rodent animal, the piscarbia, a vertical septum extends for an inch into the upper part of the cavity of the vagina, the inferior portion, about two inches in length, being a common canal. This peculiarity is important, as serving to explain the very remarkable form of the vagina of the marsupiata, which has been considered as an uterus, under the name of uterus anfractuosus. In the smaller marsupiata, as in the didelphis dorsigera, a simplification of this remarkable disposition is seen in the great length of the double vagina. In the dasyurus and Virginian opossum they are bent upon each other, and resemble the two handles of a vase. The next change that occurs is the production of cœcal tube, from the upper angle of the bend of each canal, which descends by the side of its fellow to the upper extremity of the common vagina. Daubenton thought that these two cœcal tubuli formed a single canal; Tyson believed them to be separate; and Mr. Owen found them quite distinct from each other, and connected with the upper part of the common vagina only by cellular tissue. In the kangaroo he ascertained them to be partially blended with each other, but still separated by a septum. But in the kangaroo rat the blending is still greater, and the septum is only partial.

That part of the vagina which is below the meatus of the urethra is the urethro-sexual portion

The internal surface of the vagina is either smooth or thrown into longitudinal folds; in man alone it forms transverse rugæ. In the cetacea there is an apparance of transverse rugæ; but this is illusive; they are merely folds of the internal membrane; the general direction of the rugæ is longitudinal. In the cetacea, in ruminants, in the hog, and some other animals, there are two small apertures near the outlet of the vagina, opening into two cæcal tubuli, which extend to a variable distance between the coats of the vagina, and sometimes as high as the broad ligaments. They have been described by Malpighi and Gairdner, and are the remains of the ducts of those primordial structures, the Wolffian bodies. Among the higher animals they are generally wholly obliterated.

The *hymen* in most mammalia is a vertical septum; in the human being alone it assumes a transverse or semilunar form, and frequently presents itself even here as a vertical bar.

The *clitoris* is an organ of excitement, and presents a very interesting analogy with the male organ. In the early stages of the embryo, there is no distinction between the generative organs of the two sexes. In the female the embryonic condition is maintained through life, while an increased development occurs in the male. In those animals possessed of a bifid penis, there exists in the female a bifid clitoris. In such as have an ossiculum penis, there is also in the female an ossiculum clitoridis, as in the wolf, the embryonic form being always preserved. In the long and prehensile-tailed quadrumana of South America, the clitoris is of a very large size, and grooved along its under part; and in the lemurs the urethra is continued through the clitoris.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, July 6, 1841.

Dr. Williams, President.—'On Absorption and Regeneration of the Neck of the Thigh-bone after Fracture within the Capsular Ligament. By W. W. Breyer, Esq., of Manchester. Communicated by Mr. Partridge.'—The patient, a woman, aged 73, lived nearly four years after the accident. On examination no vestige of the neck remained, except a triangular portion of the under surface, three-fourths of an inch in length, which, from the obliquity of the fracture, had not been detached from the head. This was articulated by a distinct capsule to a second fragment jutting out from the shaft, and firmly united to it, immediately anterior to the lesser trochanter. This adventitious joint, and a band of ligamentous structure extending from the posterior edge of the head to the capsular ligament, formed the only connection between the head and body of the femur. From the large quantity of callus thrown out by the trochanter and head of the bone, the author infers the possibility of bony union being effected.

'Case of Aneurism of the Right Subclavian Artery, in which that Vessel was tied internal to the Scalenus Muscle. By Richard Partridge, F.R.S., Professor of Anatomy in King's College, and Surgeon to King's College Hospital.'—The patient, David Hickiman, was a married man, 38 years of age, muscular, of a sallow complexion, and had lived rather an intemperate life. His occupation was that of a grinder and polisher of heavy iron plates; an employment requiring great muscular exertion of the arms. He had been the subject of several slight rheumatic attacks, and once, about a year before his admission into King's College Hospital, he had what he called a fever, which laid him up for six weeks, and was attended with cough, and pains about the upper part of the chest. After this illness he was always subject to pains below the clavicle, which were brought on by any unusual muscular exertion. In August, 1840, about five months before admission into the hospital, he began to experience pains along the right side of the neck and over the corresponding shoulder, with numbness of the arm, and an increasing want of muscular power in the whole limb.

About a month after the appearance of these symptoms, a pulsating tumour showed itself above the right clavicle; and as this enlarged, the numbness of the arm and the pains in the neck and shoulder became worse, so that, finally, the man was obliged to abandon his employment.

Feb. 1, 1841, Hickiman was admitted into King's College Hospital. He had then an aneurism of the right subclavian artery, extending from the outer border of the anterior scalenus, which it appeared to overlap, downwards behind the clavicle, into the axilla as far as the lesser pectoral muscle. The tumour was slightly compressible, and appeared to contain fluid blood. Upon a careful examination, the right common carotid and the subclavian internal to the scalenus seemed healthy; the arteria innominata was thought to be enlarged, as well as the arch of the aorta; it could not be ascertained that they were otherwise diseased. No disease could be detected in the heart or lungs, though there was pain on percussion beneath the right clavicle. The pulse at both wrists was about 80, full, soft, and regular.

The right upper extremity was somewhat wasted comparatively with the opposite limb. The patient's rest was at night very much disturbed by the pains and numbness of the arm.

The patient was placed in bed at perfect rest, with low diet and occasional aperients.

The pains in the limb were relieved by wrapping it in flannel; and this, with an occasional opiate at night, procured him comfortable sleep.

The patient was bled from the left arm after his admission, four times, at intervals of three or four days. After these venesections the pulse always became lower, and they appeared to have the effect of diminishing the pains in the arm and shoulder.

Feb. 20. Mr. Partridge put a ligature on the subclavian artery internal to the scalenus.

An incision was made between three and four inches in length along the clavicle to the centre of the upper border of the sternum, dividing the skin and platysma; the sternal origin and part of the clavicular fibres of the sterno-mastoideus, were next exposed and divided, and then a small anterior jugular vein which crossed the incision; afterwards the sterno-hyoid and sterno-thyroid muscles were cut across, and after some careful dissection the artery was exposed, lying very deeply at the bottom of the wound. The vessel was large, but otherwise healthy; the internal jugular vein and the nervous vagus were drawn to the outer side of the wound, and a strong thread ligature was passed around the artery by means of a common aneurism needle; care being taken to avoid wounding the pleura, which lay immediately underneath the vessel. Upon securing the ligature, pulsation in the tumour and at the wrist ceased.

Soon after being placed in bed, the man felt sick, and vomited.

In the evening, about four ounces of blood were lost from the small anterior jugular vein, which had been divided during the operation: it was secured with a ligature. At night the patient complained of pain at the pit of the stomach; this was relieved by an opiate draught, and he dosed quietly until morning, when the pains at the stomach returned severely, accompanied by thirst: it yielded to venesection, but after a few hours recurred, and was not, as before, relieved by bleeding. The thirst also returned, and pain was felt along the right side of the sternum, and the pulse and respiration were quickened. A very faint pulsation was felt at the right wrist, and continued until the patient's death. The symptoms increasing day by day, the patient soon became exhausted; his face was pale, and covered with a clammy sweat; his look became anxious; the pulse small, and very rapid; and the respiration quicker. The thirst was excessive; but all attempts to relieve it by fluids produced intense pain at the scrobiculus cordis. Temporary relief was afforded by leeches and mustard poultices, applied to the chest and pit of the stomach, but the pains soon returned. On the 24th of February (at eleven, A.M.), the fourth day after the operation, the man died.

On the 26th, the body was examined as carefully as could be done at the patient's house, where it had been removed by the friends. The aneurism was found to extend from the outer edge of the scalenus to the lesser pectoral muscle; internally the sac turned over the outer border of the scalenus, and overlapped it. It contained coagulated blood, but no fibrinous deposits, and its coats in some places were exceedingly attenuated. It would have been impossible to have placed a ligature on the artery, either on the outer side or behind the scalenus. The ligature was found on the artery, midway between its origin and the inner border of the scalenus anticus. The nervus vagus, the recurrent nerve, and the pleura, were uninjured.

In the chest, on both sides, were found old adhesions, between the pleura costalis and pulmonalis, with serum in the cavities of these membranes, but especially on the right side of the chest, where the pulmonary portion of the pleura was slightly coated with recent lymph. There were tubercles, in a quiet state however, scattered through the upper lobes of both lungs. A small quantity of serum was found in the pericardium, and its inner surface was coated with a thin layer of recent lymph. The heart, arch of the aorta, arteria innominata, and both common carotids, though rather larger than natural, were healthy. Three small deposits of pus were found in the cellular tissue near the wound, and along the anterior mediastinum: they were unconnected with each other. The wound itself looked healthy. No clot existed, either in the subclavian artery or in the vessels springing from it. None of the veins were inflamed. The stomach appeared quite healthy.

The author, after detailing the case, states his reasons for putting a ligature on the subclavian artery, internal to the scalenus, in preference to any other operation. He next proceeds to take a review of the symptoms, and the probable cause of death, and compares them with those which were observed in other cases in which this operation had been performed.

'Case of Fatal Encephalitis, with Hemiplegia, immediately excited by Cantharides, in consequence of intense predisposition from Basilar and internal Carotid Aneurisms. By P. W. Kingston. M.D., Physician to the St. James's and St. George's Dispensary.'—James Hullah, between fifteen and sixteen

years of age, shoemaker, admitted Dr. Kingston's patient at the dispensary, Oct. 17, 1836.

He has for three years and a half had a throbbing tumour at the right side of the neck, which has gradually reached the size of two-thirds of an orange, but has otherwise been considered strong, and free from ailment, till this morning, when he was suddenly seized with vomiting and with numbness, and almost total loss of power of the trunk, the right arm and leg, the right side of the mouth, and the tongue. Pulse 80; bowels confined for four days. He died in thirty-eight hours and a half: during this period the urine was almost entirely suppressed; the vomiting continued frequent; there was occasional suspension of respiration, followed by spasm of the larynx: he lost, after a time, the power of deglutition, and became by degrees completely comatose.

It was ascertained that the night before the seizure he had taken some Spanish fly in an apple. The body was examined sixteen hours after death. Patches of the mucous membrane of the stomach presented a degree of redness, softness, and elevation, which contrasted strongly with the appearance of the adjacent parts. The spleen was softened. The kidneys were much congested, and their cortical portions softened; the pelvis of the right was filled with a nearly opake, white, flaky fluid, of creamy consistence. The mucous membrane of nearly half the bladder was deeply reddened and much softened. There was a large aneurismal dilatation of the right internal carotid artery; and one of the basilar artery, of the size of a moderate walnut, which appears to have formed gradually, and without rupture of its tunics. The pons Varolii had become flattened by the pressure of the basilar aneurism, and was much softened for the depth of a quarter of an inch. The right lateral ventricle contained an ounce of limpid serum, the left none.

In his evidence given at the coroner's inquest in this case, the author commented upon the fact, that the fatal termination immediately occasioned by cantharides would not have resulted from so small a dose, but for the predisposing causes here noticed. And he points out the application of which this kind of reasoning is capable, in many trials for murder.

'Two cases of Dislocation of the Tendon of the Long Head of the Biceps Humeri from its Groove. By JOHN SODEN, Esq., jun., of Bath. Communicated by Mr. Partridge.'—The first case is that of a man of advanced years, who injured his right shoulder by falling upon his elbow: six months afterwards he sustained a second accident, a compound fracture of the skull, of which he died; and an opportunity was thereby afforded for examining the nature of the first injury. The symptoms of the injury of the shoulder were always obscure, on account of an alteration in the relative positions of the bones of the joints, which did not, apparently, depend upon fracture, and could not be considered to amount to a partial dislocation, to which, however, it appeared to be more closely allied than to any other known injury.

The joint was flattened at the posterior and outer parts, and the head of the humerus was unduly prominent in front, and closely drawn up in contact with the under surface of the acromion, grating against it on motion, and becoming locked with it by the upper edge of the greater tubercle striking against that of the acromion on abduction of the arm.

The underhand motions were not much interfered with, except that the patient had no power to raise any object from the ground, on account of the severe pain induced by exercise of the biceps muscle. On examining the joint, the accident was found to be a dislocation of the tendon of the biceps from its groove, unaccompanied by any injury.

The joint exhibited extensive traces of general inflammation, and the capsule was thickened and contracted.

The author infers that the altered condition of the bones was dependent on the displacement of the tendon, and he explains its influence in the following manner.

The head of the humerus being placed on an almost flat surface, and not inclosed in a bony cavity, is subject to the control of the capsular muscles which invest it on three sides. These muscles may be said to arise from the upper three-fourths of the circumference of a circle, to the centre of which, represented by the head of the humerus, they converge.

To enable the bone to maintain its equilibrium, it is necessary that the capsular muscles should exactly balance each other; and as there is no muscle from the ribs to the humerus to antagonise the upper capsular muscles, it is suggested that this office is performed by the singular course of the long tendon of the biceps, which, by passing over the head of the bone when the muscle is put in action, tends to throw the head downwards and backwards. It follows, therefore, that the tendon being removed, the head of the bone would rise upwards and forwards.

Allusion is then made to the frequency with which injury of the tendon is involved in accidents to the shoulder-joint. A paper by Mr. Gregory Smith, in the 14th volume of the "Medical Gazette," on the "Pathological Appearances in Seven Cases of Injury to the Shoulder," is quoted, to show that in all those instances which were accidentally met with in the dissecting-room, and are consequently without histories attached, the tendon was either ruptured or displaced, and the same altered condition of the bones, as in the present case, was noticed in some of them.

The subject of partial dislocations of the humerus is next considered, with reference to the probability of an injury to this tendon being involved in the production of that accident. Only three dissections of partial dislocations are on record; they are to be found in a paper by Mr. Hargrave, in the "Edinburgh Medical and Surgical Journal." One fell under the observation of Mr. Hargrave himself; and the others he quotes from Sir Astley Cooper's large work, and from Dupuytren's "Leçons Orales." In Mr. Hargrave's case the tendon was ruptured; in Sir A. Cooper's case it had been, but had become subsequently reunited, and in Dupuytren's its condition is not mentioned.

The second case is that of a man who, among many other injuries, sustained a dislocation forwards of the humerus. Great difficulty was experienced in the reduction, and after death, for the man only lived a few days, the joint was examined; it was found that the tendon was dislocated, and that it had passed completely over the head of the bone on its inner side, and was lying at the back of the joint. The author attributes the difficulty of the reduction to this complication with the displacement of the bone.

'An Account of Two Cases of Aneurism of the Trunk of the Superior Mesenteric Artery; in one of which Jaundice was induced by Pressure of the Sac. By JAMES ARTHUR WILSON, M. D., Physician to St. George's Hospital.' The symptoms which had most attracted attention during life, in the first of these cases, had been very severe pain between the shoulders, along the track of the sixth or eighth dorsal vertebræ. The patient died, after an illness of about six months, in a state of great exhaustion, much aggravated by mercurial salivation.

On examination of the body, a large tumour was seen extending from behind the head of the pancreas upwards, forwards, and outwards to the right side. The ductus communis was in close contact with this sac, but was, however, pervious to a probe. The pori biliarii of the liver were universally much enlarged. The heart was small; the membrane lining its cavities uniformly yellow. Tubercles of a consistence like mortar, and of a yellow colour, were observed in the lungs. In the head, the dura mater was unusually yellow; but both tunica arachnoidea and pia mater were free from that colour. The substance of the brain was also normal in colour; but a thin yellow fluid could be pressed from the divided surfaces of many of the vessels. The synovial fluid, contained in the cavities of joints, was yellow; their cartilages were of the normal colour. The stomach contained thick yellow mucus.

The author observes, that this case may lead us, under similar circumstances, to apply the ear to the upper part of the abdomen, as a means of inquiry; it may also prevent our being taken by surprise, in the event of sudden death: he also remarks on the inefficiency of the mercurial treatment adopted.

In the other case noticed by Dr. Wilson, there was a tumour pulsating in the epigastric region, about the size of a small orange, which, when the patient lay flat, projected to the left of the scrobiculus cordis. When the patient turned to the left side, the tumour ceased to be perceptible. On his turning to the right it might again be observed.

Between February 11th, when he was admitted, and July 12th, when he died, he was attacked with frequent hæmoptysis; and, towards the last, symptoms of phthisis presented themselves. In the course of this illness there was severe and increasing pain down the dorsal vertebræ, and cramp in the legs; and the tumour became more and more tender to the touch. The aneurism in this case was in the trunk of the superior mesenteric; it was large and kidney-shaped, raising up with it the pancreas, which lay at the upper extremity of the tumour.

The author notices, as distinguishing points in these two cases of aneurism of the superior mesenteric artery, that jaundice was, during life, a symptom of the one, hæmoptysis of the other. In the latter case the lungs, he observes, were extensively diseased by tubercles of the common kind.

'Case of Fatal Peritonitis by effusion of Bile into the Peritoneal Cavity, through an ulcerated Opening in the Gall-bladder. By WILLIAM BELL, M.D.'—This case is viewed by the author as one of rare occurrence; the inflammation which precedes ulceration of the gall-bladder, tending to adhesion of the adjacent viscera with its coats. The facts disclosed by dissection were as follows:—

Effusion of a cinnamon-coloured fluid among the small intestines: convolutions of the bowels glued together by coagulable lymph. The peritoneum investing the convolutions of the small intestines, presenting

on their anterior aspect, a well-defined, bright red stripe.

Marks of recent inflammation of the caput coli, and of the peritoneum lining the abdominal parietes; liver not morbid; gall-bladder containing two concretions, and perforated on the side next the stomach by an ulcer of sufficient size to admit a crow-quill.

The duration of the attack of peritonitis was sixty-three hours: its symptoms were not unusual or extraordinary. They were treated first by remedies intended to subdue presumed irritation; these quieted irritability of stomach, but did not relieve the pain. Then leeches, fomentations, and the other remedies, indicated by presumed inflammation, were used. Little relief seems to have been attained until an opiate enema was thrown up. All pain then ceased, and the patient continued comfortable, and apparently in a favourable state, for some hours. The pulse now became contracted, quick and feeble, without, however, any return of pain: the skin became hot and dry, and the patient gradually sunk till she expired.

The society adjourned until the second Tuesday in November next.

SIDE-SLIP FOR QUACK'S CORNER.—NO. VI.

"I say, HUM, how fares it with QUACKERY now?
Is it PRIME, is it UP, is it spooney, or HOW?"
Tom Moore Travestie.

"A QUACK! to feed like fleas on human blood!"
Smollett.

Dr. Farre, in reply to the questions of the Committee, assured them that old Ware, who was exclusively an oculist, had not materially improved the treatment of ophthalmic diseases. He had not even instructed the profession in the knowledge of iritis. The members of the profession, to whom the treatment of inflammation of the iris and the treatment of ophthalmic diseases is under obligation, are Dr. Veitch, Mr. Saunders, Mr. Lawrence, Mr. Travers, Mr. Kelley, Mr. Gibson, Mr. Guthrie, Scarpa, and other continental writers, and also a great many others. Among other men of superior genius, talent, and skill, ought to be enumerated the late lamented Dr. Wallace, of Dublin, who first suggested the use of Quinine, although that discovery was attributed in a base manner, by *Johnson's Journal*, and other Quarter-LIES, to Mr. Colles. [The late Wm. Wallace, M.D. in spite of all the envy and malice of the hirelings of the bats and seniors of hospitals, was one of the most rising and minutely skilful physicians of the day.—ED.]

"If they were all cited numerically, it would be found that in the treatment of the eye, the profession is principally indebted to PHYSICIANS and *surgeons, rather than to* MERE OCULISTS"!!! For the *science* of ophthalmic medicine they are indebted to physicians and surgeons. The treatment of the eye has been reduced to a greater degree of precision by physicians and surgeons, because they come directly in contact with the disease, so as to see what they are about, in plain English. "This," said Mr. Warburton, "affords an argument in favour of UNION between MEDICAL and SURGICAL PRACTICE, and against any forced and arbitrary division of the profession into TWO BRANCHES." "I wish," said Dr. Farre, "to see them more intimately united, and that by some COUNCIL of their own they should determine what separations were expedient."—*(See Evidence relative to Medical Education and Practice, Lancet Edition*, p. 209.—No. 7.)

We need not say that this evidence is nuts to us. It comes after our own determined and pertinacious opinions precisely analogous to Dr. Farre's, and published first in *Percival's Medical Ethics* in 1827, against the SUBDIVISIONISTS of the EYE and EAR.

FUSCUS-RIGDUM-FUNNIDOS, M.D.

Quack's Purgatory, July 10, 1841.

TO CORRESPONDENTS.

MEDICAL STATISTICS.—*We have made enquiries of Messrs. Sherwood, Gilbert and Piper, respecting Mr. Farre's Statistical Registry and Case Book. It appears that notwithstanding ruled and lined Case Books were announced in the British Medical Almanack, a very useful and instructive work, in 1837, that none have appeared; and that the Almanack has been suspended, because "the demand for works of a statistical nature by the Medical Profession in England would not be* sufficient *to make it a* matter *of* profit *to the Publisher." There is no doubt that the "Res Angustæ Domi" of Juvenal is the prevalent obstacle of the profession at large; but in England and France the routine mass of the profession has ever been reproached by Beddoes and others at home, and by Majendie and Roche, &c., abroad, with apathy, indolence, and indifference, not only as respects reading, but the recording of their facts and experience with numbers, in proper Case-Books and statistical lists. It is, in a great measure, owing to the fallibility of the human memory in retaining exact facts and details, and not committing them* immediately *to writing, that, as Dr. Johnson observes in his Journal of a Tour in Scotland, men's ideas get confused and conglomerated together, and become neither true nor altogether false representations. It arises from men not remembering or comparing their facts clearly, that, as Cullen says, "there are more false* facts *than false* opinions *in medicine." Add to this, ignorance, egotism, self-love, and private interest, and we can easily account for those deceptive statements, which have composed the "farrago libellorum" of the last three centuries, and vitiated the whole truth of medical doctrine. We do not believe that there is one work formed on "the doctrine of general results," up to the present century,* i.e., *the results of treatment, remedies, and causes, and effects of diseases, that will stand throughout the rigid test of facts and figures, or warrant the vain and empty boast of a* GREAT NAME, *often so derived.* MEDICAL *and* SURGICAL CASES, *in each disease, must be reduced entirely to numbers, for it has been clearly shown by the result of figures, that what are called axioms, founded on the doctrine of general results or medical men's own experience, and accepted as received truths, are frequently fallacious, false, and delusive in the most essential particulars, and oft-times purely theoretical, speculative, and hypothetical. All past doctrines must be tried by facts and figures.*—ED.

THE MEDICAL TIMES.

THE EFFECTS OF SCARCE AND HIGH-PRICED CORN AND PROVISIONS ON NATIONAL MORTALITY, ETC.

"Agmine facto
Debuerant olim Tenues migrasse QUIRITES.
HAUD FACILE EMERGUNT, quorum virtutibus obstat.
RES ANGUSTÆ DOMI, sed Romæ durior illis
Conatus: magno hospitium miserabile, magno
servorum ventres, et frugi cenula magno."
Juvenal by Lubinus, Sat. iii. l. 165, et seq.

"How poor the privilege is become
Of being born a Citizen of Rome!
Look around the world, what country will appear,
Where friends are left with greater ease than here?
Look round the habitable globe, how few
Know their own good, or knowing it pursue.
THE POOR *were wise who by the* RICH *oppress'd,*
Withdrew and *sought a sacred place of rest.*
Once they did well to free themselves from scorns,
But *had done better never to return.*
Rarely they rise by virtue's aid, who lie
Plunged in the depths of helpless poverty.
The POOR must gain their bread by perjury;
And e'en the Gods that other means deny,
In conscience must absolve 'em, when they lie."
Juvenal translated by Dryden, Sat. iii.

(Corn Question continued.)

NOR is increased mortality the only dark result of scarcity and high price of corn, but insurrection, incendiarism or rick-burning, and famine, are also the results of a dearth. Dr. Saml. Johnson, who was an Ursa Major in manners, but a polar star in mind, wrote his considerations on the Corn Laws in relation to a scarcity in 1776, under different circumstances from the present, and attributed to a Parliamentary bounty on the exportations of English Corn. There occurred many insurrections in the midland counties, to which Dr. Johnson alludes. "The necessaries of life," he says, "have risen to a price at which a great part of the people are unable to procure them," as is now in some articles the case. "How scarcity may be remedied," he continues, "and calamities of the same kind prevented, is an inquiry before which all the considerations which commonly busy the legislature, vanish from the view. Scarcity is an evil that extends at once to the whole community, that neither leaves quiet to the poor, nor safety to the rich; that on its approaches distresses all the subordinate ranks of mankind, and in its extremity must subvert government, draw the populace upon their rulers, and end in bloodshed and massacre. Those who want the supports of life will seize them wherever they can be found. If in any place there are more than can be fed, some must be expelled, or some must be destroyed. Of this dreadful scene there is no immediate danger; but there is already evil sufficient to deserve and require all our diligence, all our wisdom. The miseries of the poor in England are such as cannot easily be borne: such as already have incited them in many parts of the kingdom to an open defiance of government, and produced one of the greatest political evils, the necessity of ruling by immediate force. It is not a fight for political victory, but for life."

Dr. Johnson argues, with that sound and superior judgment for which he was remarkable, that "failures in trade are partial and local calamities, in comparison to failures in agricultural crops, which are general and widely-spread inflictions of Providence.

"The interruptions of trade, though they may distress part of the community, leave the rest power to communicate relief; the decay of one manufacture may be compensated by the advancement of another; a defeat may be repaired by a victory; a rupture with one nation may be balanced by an alliance with another. These are partial and slight misfortunes, which leave us still in possession of our chief comforts. They may lop some of our superfluous pleasures, and repress some of our exorbitant hopes, but we may retain the essential part of civil and of private happiness, the security and tranquillity of content. They are small obstructions which raise a foam and noise where they happen to be found, but at a little distance are neither seen nor felt, and suffer the main current to pass forward in its natural course."*

* Jones's Edition of *Johnson's Works*. This paper was written in 1766, a year of scarce and dear corn, and was published first by Mr. Payne, in 1800.

A pension of three hundred pounds a year upon the civil list has been granted to Mr. Snow Harris, of Plymouth, the distinguished chemist and electrician, and the inventor of the apparatus for preserving ships from lightning.

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CORRESPONDENCE.

To the Editor of the "Medical Times."

SIR. — Circumstances prevented me using the probe as perseveringly as I originally intended. There are several tender spots left untouched,—unexplored. I purport to continue my investigations with impartiality, and with an unsparing hand. Before I plunge into the multifarious delinquencies of this British Medical Association, and enter into an examination of the crude and impracticable Munchausenisms which they propounded,—for, assuredly, to dignify their crotchets with the high-sounding name of speculations, would be an abuse of language. A short summary, a brief catalogue, or recapitulation, of the counts in the indictment of which they stand charged, and which I have in preceding articles submitted to your readers, may be desirable. In the first, I condemned the conduct of the Association in excluding its own members from its deliberations, and of making its proceedings sacred and secret. The intrigue and ill-will, envy and jealousy, that split the council into sections, were justly exposed. The management and dexterity by which the patriots for place kept themselves before the professional eye by favourable reports furnished to the *Lancet*, adroitly puffing the dolts and drones who got the credit of the suggestions of others,—the more industrious, talented, and disinterested, who were altogether unnoticed. These reports were *revised by the President*. By another species of low diplomacy, they contrived to push each other upon every deputation to the "powers that be," even to the exclusion of the honorary secretary, who is too proud a spirit to stoop to confederate with such a *clique*. He formally complained of it, and they were shamed into better behaviour. The self-election of the delegates: of seven members present, six had the indecency, contrary to the rules, without the necessary notice as promised, six were appointed, one voting for the other —conduct without a parallel in the annals of corporate abuse. They were well aware that four of the delegates would never have been elected were the majority of members present; they then resorted to this thimbleriggery in their anxiety to get squeezable materials, not bold and independent, and reflecting men, as their colleagues. They wanted to swamp the Provincial, and force that incongruous bill of Dr. Webster's upon them for adoption. As was to be expected, this conference turned out a farce, and a failure, the most ridiculous and contemptible exhibition we know of, surpassing far the famed Bolt Court Parliament; its objects as extravagant, as destructive, as absurd; as subversive of order, of organization, of everything that is useful and dignified in the profession; the motives of its members just as pure and as disinterested; the means of attainment just as probable and as prudent; the members equally talented, efficient and respectable; the balance of comparison is in favour of the convention, inasmuch as they were fairly elected by the masses; and the conference, at least the Metropolitan part, elected themselves. The gentlemen from the Provinces represented Societies to which their own imagination gave ideal embodiment. Of this ingenious device, more hereafter. The bungling manner in which they behaved disclosed the cloven foot at the first Meeting. The real representatives—such men as Dr. Forbes, M'Cartney, Green, &c., quickly retired in disgust The Irish representatives followed in their wake, and those fictitious delegates, who arrogantly attempted to force their insane One Faculty scheme upon intelligent and sensible men, were defeated. They have abandoned their own abortion. This conference continues to supersede the council,—has usurped its functions, its place, and time of meeting, for which the members pay. This must be exhibited in a distinct article. I commented upon their suspicion and detraction of every Reformer who dared to differ with their views, or who would not bend the knee to this secret, this Venetian council, and pay homage to its dull doge, Dr. Webster. I slightly alluded to the character and composition of the men who modestly took upon themselves to pioneer the way to Reform, and who, by a process of magical transmutation, were converted, by a seat on the Council, from men of slender intellectual capability, to become the leaders, guardians, representatives, of a learned profession; and how, forgetting their delegated duties, and instead of raising their brethren, they tried to raise themselves. Dr. M. Hall's oration on himself and his own merits, and his undeserved neglect by the Royal Society and London University, next came before us as a secondary question. The absurdity of the One Faculty Project—the monstrous proposition of constituting the council of the British Medical Association the councillors, registrars, treasurers, and examiners of the new One Faculty, lest, as it was gravely and seriously urged, lest the living principle of the bill of Reform should be endangered, if entrusted to any other hands!!!

I slightly sketched a few of the most active in these manœuvres. I intend to paint their portraits more fully, and with greater fidelity hereafter, for it will serve to protect the profession from the designs and imposition of selfish men; and, as medical men can never hope to remove the grievances under which they labour without active co-operation, the medium of Associations will be attended with benefit to forewarn them of the vices into which they are liable to degenerate, in order that they may be prepared to guard themselves against it, without, at the same time, limiting their efficiency, or endangering their existence, as public bodies. The practices, such as I have been describing, have produced their natural consequences; and prediction is no more than the "exercise of a faculty," as Lord Bacon says, "which makes things future as present;" as events cast their shadows before them, it lacked but little discrimination to perceive the fate of this Association.

The Members are every day seceding, and are expressing their dissatisfaction. They charge them with misdirecting their energies, wasting their time, their money, in hopeless and unattainable objects. Four years have now elapsed, since the question has, by their foolish and insane advocacy of a theory unsupported by experiment, and never tried in this country, and totally unsuited to the exigencies and various interests of the profession, retrograded rather than advanced, and certainly strengthened the power of the corporations and the monopolists.

How much more would these gentlemen be incensed, if they were aware of the fact that the money which they have subscribed during that time has been expended! Of its frivolous and unjustifiable outlay, one instance in illustration:—Drs. Marshall Hall and Webster—(it is surprising that there should be so much of weakness in philosophers—or is it that there seems ever to accompany dulness a sustaining power of vanity, that, like a life-buoy, keeps a mass afloat, whose weight, unassisted, would sink into obscurity—or is it that, to those largely endowed with the "*mens divinior*," the Deity allots a certain proportion of clay, as if for ballast, to regulate and restrain it)—they were anxious, in an exuberance of loyalty and love, to congratulate her Majesty upon her culmination and connubial bliss, as other learned societies paid their homage to her Majesty on that interesting occasion. Those learned men, on condition of paying the necessary expenses, were indulged with the pleasure of seeing their names in *The Court Journal*. Great was the surprise of the Council, however, to find, when they allowed those gentlemen to tickle themselves with a straw, that they were to pay so *dear* for it. They brought in a bill of fourteen guineas, and insisted upon its being discharged. Dr. Lynch, as far as my recollection *furnishes* me, moved, as an amendment, "That they do bring in their tailors' bills for the last 12 months, in order that they be discharged by the Association; remarking that if they paid for their inexpressibles and stockings, that they might be a little more liberal, and provide them with a coat and waistcoat." The *ridiculum acri* was effectual; the bill was *withdrawn*: and, on a subsequent occasion—a *few* of the *accommodating sort present*—the bill passed, and was paid. Was it ever contemplated that the money, that was generously provided by the members for *working* out the *emancipation* of the profession from its present degradation, would be appropriated in such a useless, frivolous, and wanton *manner*. Can such men be considered as the friends, the protectors, the faithful depositaries of the general interest. It is to be regretted that such a noble work has been so *shamefully* marred; that men, unequal to the undertaking, had presumptuously seized the helm of the good ship in which our hopes and interests were embarked; that such weak hands were placed upon the ark of so magnificent a cause. "A great cause and little minds go ill together" is an old saying and a true one.

> "We venerate the men whose hearts are warm,
> Whose hands are pure, whose doctrines and whole life,
> Coincident, exhibit lucid proof that they are honest in a noble cause.
> To such we render more than mere respect,
> Whose actions say that they respect *themselves*."

I cannot but entertain very opposite feelings, when I find it converted into a law to raise, to aggrandise, themselves, and, before even the triumph is achieved, coolly sitting down and dividing the spoils among each *other*. An illustration will explain more than *assertion*:—

Dr. M. Hall, in his ever-memorable oration, in terms of coarse and vulgar objurgation abused the College of Physicians. With fretful irritability he was prominent in proclaiming his hostility to it. One sight of the little gentleman would satisfy you that he belongs to that stomachful class of warriors, who are truly famed for eating all they kill. This patriot, finding that the chance of his being the second president of the One Faculty, after the annihilation of all existing medical corporations, was very *remote*, forgetting his well-affected indignation in reading his laboured philippic on the recreant and "base Lawrence," ends his reform career consistently, by imitating the conduct which this pure patriot denounced; a patriot indeed, at least according to the definition of Walpole. Sir H. Halford prescribes well; he knew what would settle the *stomach* of this vain little *man*. His retirement a few months from the council was a signal that he was to be wooed and won. Fortunately they have not gained much. Reform has lost nothing. He is no acquisition to any party. Nothing even in the shape of resolution, speech, or idea, ever emanated from him at the council. His seat can be better filled by a better man. He showed that the organ of *Quarrelsomeness* was large. This acerbity of temper may arise from his being always in arms in defending and fighting for discoveries, which Mayo, Magendie, Carpenter, and other eminent men, deny ever belonged to *him*, and which, under the signature of *Justitia*, in last week's number of the *Lancet*, he contends are his own. They seem to think that he is like a certain sagacious bird, which, in building its nest, pulls to pieces the nests of all the birds in the neighbourhood. He has puffed himself so frequently in that Journal—his own eulogistic articles on his own works are extant, and can be produced—that he now adopts the anonymous; his knotty, gnarled, and barren style—his attempt at epigram, where only the failure is manifest,—stamps it as *his own*.

Sir James Clarke, Dr. Arnott, and others, who are really opposed to the assumptions—to the highest distinctions of the college—have indignantly refused the fellowship. What a commentary! What a contrast! We may be allowed to paraphrase a line and apply it:—

> Principle "makes the man—the want of it the fellow;
> All the rest is leather and prunella."

More anon. PROBE.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 10th July, 1841:—

Epidemic, Endemic, and contagious diseases	143
Diseases of the brain, nerves, and senses	132
Diseases of the lungs, and other organs of respiration	231
Diseases of the heart and blood-vessels	19
Diseases of the stomach, liver, and other organs of digestion	50
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	6
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	0
Diseases of uncertain seat	89
Old age, or natural decay	48
Deaths by violence, privation, or intemperance	18
Causes not specified	8
Deaths from all causes	755

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ON COMPRESSION OF THE MEDULLA SPINALIS IN THE NECK.

THE present remarks regard the discrimination of the causes of compression of the cervical portion of the spinal cord; for which purpose several examples will be related.

By these it will be seen, that, where external injury induces a sudden and copious effusion of blood upon or within the theca, in the upper part of the neck, fatal compression of the spinal cord is the consequence; that when, from external violence, the transverse ligament of the atlas is suddenly ruptured, rapidly-fatal compression of the spinal cord follows, from displacement of the processus dentatus; and that where the same injury is the slow result of disease, from so trivial a cause as common sore throat, the event is still the same; that where luxation of the vertebræ in the middle of the neck is connected with effusion of blood, fatal compression is produced; and, lastly, that where effusion alone very slowly takes place, the compression may be equally slow in progress, yet equally fatal in result.

When the absolute compression is sudden, it will in general be the result either of extravasated blood, displacement of bone, or perhaps both these causes together; but when this consequence is slowly established, it may probably arise from a more slow effusion, with or without displacement of bone; or from tumour, the result of disease.

The precise extent of deficiency in the nervous power is not so much to be determined by examining the seat of injury, as by observing the manner in which the various functions are sustained in the body and limbs. Should loss of power extend itself progressively upward, it will imply a slowly-proceeding effusion of blood, likely to continue, and probably to a fatal termination, as proved in one case after many months had elapsed; but where, with the other signs of declining nervous power, the actions of the chest are at once violently disturbed, and its movements, closely watched, are perceived to be reversed, so that the diaphragm being the only remaining agent, the chest somewhat subsides in inspiration, and actually rises in expiration, there need be no hesitation in determining the seat of compression to be the upper part of the neck, and death the inevitable result.

Compression of the Spinal Cord, by Effusion of Blood.

A. B., 7, fell from the shoulders of another boy, upon the back of his head, and was brought senseless into Charing Cross Hospital. Pulse 120, and irregular, skin cold, extremities without feeling or motion, action of the chest extremely laborious and unsteady, a frothy mucus about the mouth and nose. It was at once suspected, as the medulla spinalis was evidently compressed, the cervical vertebræ, as well as the head, had suffered injury, although none could be detected.

He was directly bled, but to no purpose, as he survived the accident only two hours.

Post mortem.—I found the occipital bone extensively fractured, with free extravasation of blood external to the dura mater; but within the dura-matral sheath of the spinal cord in the neck was also a copious effusion of blood, causing a fatal compression of the nervous medulla.

In the following case, suddenly fatal compression was the consequence of rupture of the transverse ligament of the atlas, and displacement of the processus dentatus.

Compression of the Spinal Cord, by Displacement of the Processus Dentatus.

A stout middle-aged man slipped and fell eight or nine feet, the back of his head coming upon a stone pavement; he was brought senseless into Charing Cross Hospital. I found the pulse irregular, skin cold, the chest heaving most violently, and at intervals motionless. It was supposed there was luxation of some of the cervical vertebræ, but no displacement could be felt. Blood had flowed freely from a wound at the back of the scalp, and he was immediately bled, but survived the accident only an hour.

Extensive fracture was found to pass from the occipital bone in various directions, across the basis of the skull, and through the petrous portion of the left temporal bone, and the left middle lobe cerebri was much lacerated and crushed, but the immediate cause of the rapid extinction of life was the rupture of the transverse ligament of the atlas, at once exposing the nervous medulla to fatal compression.

In the case now about to be related, there was no difficulty in discriminating the precise seat and inevitable tendency of the complaint, although the exact character of the disease itself was less evident.

Progressive Compression of the Spinal Cord, from Scrofulous Disease in the Articulation of the Processus Dentatus.

J. D., a shoemaker, 45, from severe cold in the head and sore throat, had a troublesome stiffness in the neck. Able to stoop to work in the day, but unable, without extreme pain, to raise his head in the evening. These complaints had continued four months, when, in a fit of coughing, he suddenly felt as if electrified in every joint, with a sense of numbness in every limb, which he compared to that numbness felt in the hand and fingers when the elbow is awkwardly struck. These feelings continuing, he was repeatedly leeched, cupped, and blistered to no purpose. He never had pain or giddiness in the head.

Whenever he rose up or lay down, he felt a sensation of cracking, always exactly in the same point, at the top of the bone of the neck, where it first began in coughing, the pain, with numbness, flying thence over the head, neck, body, and limbs. He observed, that, if he were to turn his head suddenly, he thought he should break his neck.

In walking, he occasionally felt odd sensations, twisting him suddenly to the left side, with pain in the right side of the head. He still retained sensation and motion in the arms, but his legs were becoming extremely feeble, and frequently he felt as if all his limbs were asleep.

Eventually, the limbs entirely lost their feeling and power, the viscera of the abdomen and thorax yielding to the total arrest of nervous energy, under which he sank and died, after an illness of eighteen months.

Post mortem.—Removing the healthy brain and medulla oblongata, I perceived the space within the foramen magnum nearly filled up, apparently by the dentiform process. It was found that this process had been partially displaced by a soft tumour connected with the bones, pressing it backwards. Separating these bones, it appeared that the soft tumour was a very considerable scrofulous thickening of the capsule of the joint, between the processus dentatus and atlas, and that the transverse ligament, involved in the disease, had suffered rupture, and that the consequence of the increasing tumour, and protrusion backward, was the progressive, and at length fatal, compression of the spinal cord.

At one point, within the spongy substance of the diseased capsule, was a little ulcerated cavity, filled with scrofulous pus, and on the right side, the flat cartilaginous surface of the lateral articulation between the atlas and dentata was purulent and ulcerated.

In the case next to be noticed, the increase of compression was slow and progressive, although the result of the twofold influence of displacement and effusion.

Compression of the Medulla Spinalis, from Luxation between the Fifth and Sixth Cervical Vertebræ, with Extravasation of Blood.

Mrs. T., 37, under care of Mr. Elsegood, was leaning over the side of a low bedstead, and rolled out; the neck bending forward under her. She instantly felt pain all over the body and limbs to the finger ends. An hour after, she was languid and faint, complaining of pain in her neck, but able to move her arms and legs. She was bled, purged, and ordered a lotion to the back of the neck, which had apparently received a severe injury, although its precise seat was doubtful. Pulse 60, and soft. During the day, the power of feeling in the limbs gradually declined. No water was observed to pass, and, the catheter introduced, the bladder was found empty; and it soon appeared that both bladder and rectum had lost the power of retention.

On the second day, when I visited her, easy while at rest; the least attempt at moving the head excited much pain and great alarm. The muscles down the neck were tender and painful. She progressively lost all sensation and motion in the extremities, abdomen, and thorax. The muscles of respiration apparently acted by starts, and the movements of the chest, extremely obscure, were to a certain degree inverted; subsiding in inspiration, and rising as the air left the chest. On the fourth day, it was evident that respiration was sustained through the phrenic nerve by the diaphragm only; the abdomen rising and the ribs falling, in inspiration; the abdomen subsiding, and the chest indistinctly rising, in expiration.

The position of the head manifestly somewhat deranged, a very cautious and gentle attempt at extension and replacement was made, and it was thought with some advantage, as a vibration was perceived and the position improved. She however continued to decline, and died, sensible to the last, on the evening of the 5th day.

Post mortem.—On examination, we found the fifth and sixth cervical vertebræ almost separated. The body of the fifth thrown forward a quarter of an inch, the margin of its right inferior articulating process was hitched in front of the corresponding edge of the process below, from which it was dislocated; the left articulating processes were separated, but not otherwise displaced. The intervertebral substance was so severely strained as to be partially torn asunder. Blood was copiously effused between the theca and the bones, extending from the seat of the injury down even to the sacrum; and, having made its way outwards between the dislocated bones, had extensively infiltrated the cellular tissue, between the long muscles of the spine.

The following singular case demonstrates a

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progressive extravasation of blood from injury, not inducing symptoms till several months, and not destroying life till nine months after the accident.

Gradual Compression of the Spinal Cord from Slow and Progressive Effusion of Blood.

Master S., 12, received an injury in the neck in swinging, a line thrown from behind catching him under the chin while flying rapidly forward. Not till some months after, he was observed to be frequently leaning about or sitting down instead of playing, and became sensible of a gradual decline of strength and power. He progressively became weaker, although without any very obvious complaint, until, about nine months after the injury, he was brought to town, scarcely able to stand; especially complaining of stiffness and pain in the back of his neck, with difficulty in moving his head. Blisters, setons, and medicines were tried without avail. The progressive failure of nervous power extended from the inferior to the superior extremities, affecting in succession the pelvic, abdominal, and thoracic viscera. The respiratory muscles failing in power, the chest soon laboured, and he sunk and expired.

Post mortem.—I found the brain perfectly healthy. In the neck, between the bones and the theca vertebralis, was a large quantity of blood, partly coagulated, but principally fluid, extravasated into the cellular tissue. It appears that the effusion had commenced between the second and fourth cervical vertebræ, where a mass of compact coagulum had formed. The effused blood had partially made its way outwards, between the atlas and dentata, and within the bones had extended downwards as low as to the fourth dorsal vertebra.

CENTRAL MEDICAL REFORM ASSOCIATION.

At a meeting held this day in the Theatre of the Charlotte-street School of Medicine, according to public announcement, after the enrolment of several members, the address to the profession, proposed at the last meeting, was submitted for approval, and unanimously adopted—upon which it was

Resolved,—That a copy of the address be forwarded for insertion to the Editors of the *Medical Times, Lancet, Medical Gazette, Medical and Surgical Journal*, and also to the *Morning Advertiser, Chronicle, Post, Times*, and *Courier* newspapers.

W. H. Brown, M.D., *Hon. Sec.*

July 12, 1841.

Professional Brethren,—

The present crisis is most opportune for the advancement of the question of Medical Reform: the equally-balanced state of parties affords a great intellectual and influential body like the Medical Profession a favourable opportunity to press this subject upon the attention of the Legislature. Men of ability and of great weight, on both sides of the House of Commons, have declared their intention to support the principle of self-government in the Members and Licentiates of the different Corporations, which, if once conceded, will place the management of their affairs and of their funds in the hands of those to whom it properly, legitimately, belongs,—will give the control over their Officers and administrators, and invest the Members and Licentiates with a voice in the enactment of the laws which regulate the profession, and ultimately lead to the establishment of a practical and uniform system of examination, which the preservation of public life and health demands, and by which the respectability, utility, and dignity of the profession would be incalculably promoted.

By union, organization, and active co-operation, success is certain,—these just, simple, and constitutional demands attainable. You are aware that the public power of all associated bodies is a hundredfold increased above that of individuals, however numerous, however ardent in their isolated and single capacities. We have had Unions, but they failed in fulfilling their mission. They never won the confidence, or secured the accession, of great numbers of the profession; they took wrong ground; they embodied in them, in their commencement, the elements of their own dissolution. They sought too much—they got nothing. Their objects were preposterous and extravagant. They supposed, contrary to the natural progress of events, that they could step from positive wrong to positive right; and, not listening to the precepts of experience, which prefers the gradual alteration of our Institutions so as to suit the wishes and exigencies of the profession, they endeavoured to annihilate all existing authorities, and to establish in their place a theory that has never been tried in this country, and which would not guarantee us against the abuses of which we now seek redress.

Intrigue, jealousy, partisanship, marred their exertions. Their elections to their own reforming councils were partial—were farces—the appropriation of the money of the members frequently frivolous and unjustifiable. Their policy, as unwise as their proceedings were inefficient, explains the reason why so many have seceded, and that they never enrolled in their ranks more than 150 members.

They were guilty of the faults which they themselves denounced in others. They remind us of the words of Medea, in the Greek play:—"I know and approve what is right, and at the same time I do what is wrong." The cause must not suffer for the weakness and deficiencies of a few of its advocates.

We purpose to avoid those errors. No money will be demanded more than is required to meet contingencies as they arise.

Every legally-qualified practitioner is invited to join us.

The common cause is sufficient introduction.

In our numbers our strength will consist—shall furnish the best evidence of the grievances under which we suffer.

Our power will owe much of its energy to our hopes and perseverance. *Possunt, quia posse videntur.*

Five hundred members in the Metropolis, with corresponding Branch Associations in large towns, bringing their influence to bear upon their representatives, will not only extort the right of representation from the Medical Corporations, but enforce still further reforms upon those bodies which have so long sacrificed the public to their private interests.

The Legislature will not deny our inherent right to regulate our own concerns. It will no longer suffer a profession that dignifies our moral and intellectual nature—that extends its benefits to every member of the community—to be unpossessed of that protection which it has extended to every subject in the realm, and which is essentially necessary for the government of a body of men to whose mutual agreements the lives and safety of society are committed.

The difficulties to be overcome are daily diminishing. The objects to be sought are worthy even of toilsome attainment. The Corporations, alarmed at the discontent which so generally prevails, have proffered certain concessions, which the profession have justly rejected with indignation. We have only to become united, to be confederated by a spirit of determination, which only results from a sympathy of suffering and a participation in wrongs—our efforts are only to be more general, more simultaneous, to be successful.

The six thousand signatures petitioning parliament for a reform of our profession prove that we have rescued ourselves from being apathetic under the complication of degradation and injustice which we endure. Remember, we seek not to mislead—we look only for the principle of self-government, which justice, equity, custom, the constitution, accord, award to us.

We are opposed to the crude and impracticable speculations, which, like bubbles on the waters, burst at the moment of their birth, the extreme have propounded, and which have only served to divide and misdirect the energies of the profession.

We war not with existing institutions. We are opposed to the principle of self-election, of self-perpetuation of their irresponsible power. We struggle to remove these evils without making them run the gauntlet of hazardous experiment. We want to guard ourselves against the bias of self-interest on the one hand, and the extreme indignation and desire of destruction, the consequence of long-continued neglect and unjust exclusion, on the other. We wish to steer between the two extremes.

Professional Brethren,—it is a duty which you owe to that profession, whose interest and respectability you are sworn to uphold, to join and assist in the work of disenthralment.

RESTRAINT ON LUNATICS.

In the Report of the Gloucester County Lunatic Asylum for the past year, the medical officers (Drs. Baron, Shute, and Hitch, and Mr. Hitch), the following opinion is given with regard to the application of restraint to lunatics:—

1st, That to avoid personal restraint, so far as may be considered compatible with security, has always been a standing and peremptory rule of the Institution, and strictly attended to under all circumstances.

2d, That the combined and corresponding evidence of several large lunatic establishments has clearly shown that personal restraint may be avoided to a much greater extent than was formerly considered either possible or advantageous in the treatment of the disease.

3d, That they dissent from the general proposition that personal restraint is, *under all circumstances*, prejudicial; and are of opinion that, notwithstanding all that has been said upon the subject, the experiment has not yet been virtually and really tried in any large establishment: the confinement of refractory patients in their cells being not only an obvious personal restraint, but most inimical to the future recovery of the patients.

4th, That the moral restraint of example, that is to say, the disposition of lunatics to fall into the habits of a large asylum, in compliance with, as it appears, and in imitation of, the examples of those with whom they associate, is a most influential agent in the treatment of the disease, and gives to large establishments a power of avoiding personal restraint to an extent which can with difficulty be accomplished in smaller institutions, and has always been found impracticable in private families.

CASE OF HÆMORRHAGE PRESENTING CERTAIN PECULIARITIES.

By William Williamson, M.D., Edin., Cupar-Fife.

(Read before the Med.-Chirurg. Soc. Edin., 3rd June, 1841.)

The following case is inserted in my note-book under the name of hematemesis, but throughout its progress (although there may have been many reasons for changing the application), from the various appearances that it presented, I was at a loss for any specific designation under which to class it, and have now given it the general name of *hæmorrhage*. The subject of the case is an unmarried female about thirty-seven years of age, by occupation a dress-maker. I was first called to the house on the 6th of February, 1839, to another patient that had received a severe injury, when my attention was drawn to the subject of the present case, by an alarming attack of hematemesis, which came on in my presence. I made inquiry into the case, and was told that they had done much for her. They said she had been under the care of various respectable practitioners, and subjected by them to a great variety of treatment, all of no avail. They looked upon the case as beyond the power of medicine; but as I was in the house, asked me if I could not do anything for her. The attacks were both frequent and alarming, producing great exhaustion, and incapacitating her for the least exertion.

The first attack of hæmorrhage that she had, occurred in August, 1837. This was brought on from severe mental excitement, and went to a most alarming extent; it was succeeded by a fixed gnawing pain in the cardiac region. At this time she was under the care of two medical gentlemen of this place, now deceased. All the plans of treatment adopted for her relief had but little effect. The gastric pain, and occasional bloody vomiting, were so inveterate, as in some degree to countenance an opinion hazarded by some of her medical attendants, that cancerous ulceration existed in the internal coats of the stomach. At this time she had menstruated very irregularly, and always suffered more severely from the hematemesis, when she passed her usual monthly period, without the customary discharge; the more protracted its absence, the more severe the vomiting. Her health in other respects at that time I could not precisely ascertain, but her appetite was moderately good, notwithstanding the extensive use of opium she had resorted to for alleviating the pain in her stomach; this as usual had its constipating effect upon the bowels. Having undergone already to a great extent and variety the usual treatment of astringents, local and general (in fact, her bedchamber presented more the appearance of a *drug-shop* than a sleeping apartment), I merely employed the acetate of lead internally, with leeching and counter-irritation over the stomach, the seat of pain, and turned my attention to procure a renewal of the menstrual discharge, which had been suppressed for some months altogether. It occurred to me that the bloody matter ejected from the stomach bore some relation to the catamenial discharge, being thinner than blood, of the peculiar menstruous odour, and intimately blended with mucus. The state of the pulse forbade general blood-letting. I employed stimulating frictions over the loins and thighs, with an occasional hip-bath at bed-time. These, with a few other simple means, had the desired effect. On the 14th of February, eight days after the treatment had been entered upon, she complained of a peculiar uneasy feeling in the lower part of her back, and at bed-time had a copious catamenial discharge. The vomiting next day diminished, and soon ceased altogether. About a week, however, before her next monthly period, the bloody vomiting recurred, but the same plan of treatment being adopted, was succeeded by the same result. In the meantime, the cardiac pain was a little abated, and she was forced to resort to opium for its relief. Preceding the vomiting, it was exceedingly severe, accompanied with spasm: for this I prescribed prussic acid with decided advantage, for a time relieving the spasm, which was not then followed by the vomiting, but it soon lost its effects. By the fourth menstrual visitation, the hematemesis had ceased, and the catamenial discharge, although regular in time, was so neither as to quantity nor duration.

In July of the same year, the patient was attacked with severe ulceration of the tongue and fauces, and several patches as large as a shilling sphacelated, and were thrown off. From the resulting ulcers, and from the top of the gullet itself, there issued a dark grumous discharge, smelling like the previous ejections from the stomach. This discharge from the gullet continues at irregular intervals, and in unequal quantities, to the present time; in general the intervals are long, and the quantities trifling. In November, however, four months after the first attack of this nature, the quantity was very great, amounting in some days to several pounds, the menstrual discharge at this time being small in quantity.

During the spring of 1840, she improved considerably in her general health, and was able to take out-of-door exercise. The pain in the stomach, however, still continued troublesome, and yielded to no means of relief. In May, 1840, she was suddenly seized with severe pain in the right iliac region, which confined her to bed. This pain was inconstant, but at times exceedingly severe, inducing sickness, and a sense of bearing down in the uterine region, followed by a bloody discharge from the vagina, sometimes in clots as large as a pigeon's egg. This was in general followed by relief of the pain in the groin. After abating, a similar attack occurred at the menstrual period, but in a short time the recurrence was so frequent and irregular, as to lose all claims to periodicity. There was no perceptible swelling in the iliac region, but great tenderness and pain over the seat of the ovary. The uterus and vagina seemed in a normal state. Various means and medicines were resorted to, to mitigate her agony; of these, the seeds of the conium yielded the most relief.

On the 4th of July, 1840, I was hurriedly called to her in the evening, on account of a flow of blood from the side of her head, which came trickling down the ribbons of her cap. The blood came from behind the lower part of the left ear, where, when examined and wiped with a cloth, no wound or abrasion could be detected whence it could issue; it amounted to about an ounce in quantity, and where it collected upon her clothes, did not coagulate, but simply stained them. She was exceedingly alarmed at the appearance of this blood, and in a state of great nervous trepidation, the immediate consequence of which was a copious bloody discharge from the vagina. A portion of blood had also been thrown out into the bowels, and was voided when she next went to stool. She had had no catamenial discharge for two months previous to this, but, with the exception of the iliac pain, was in comparatively good health. The vaginal discharge ceased as soon as she calmed from her perturbation.

On the night following this, another oozing took place from the same spot, while asleep in bed; this remaining some time undisturbed, left a thinnish sort of coagulum upon the skin. It had the same peculiar odour observed in the discharge from the stomach and throat. The skin exhibited its natural appearance on the place whence the blood flowed, nor was there any alteration apparent by the employment of a pretty powerful lens. On the 6th there was again an oozing from the same place—from a spot on the neck immediately below—as also from the outer angle of the left eye. In the latter situation, there was a reddish mark, like a flea-bite, but the skin over it seemed quite continuous. A considerable discharge from the throat also took place at this time, before which she felt it warm and tense; her face also felt warm and tumid. From these different places there occurred a daily emission of this bloody fluid, till the 8th, when it took place rather freely, also from the nipple and areola of the left breast. This had the effect of relieving some tension and heat that previously affected the organ. Irregular in time and quantity, the discharge continued not merely as an oozing, however, but sometimes in a small capillary stream it *spouted* from the surface; this had the effect of relieving the pain at stomach, under which she had laboured so long, so that she now felt comparatively comfortable. The fluid, when collected into a vessel, resolves itself into two parts; from being at first of a dark colour, the upper portion gets like to bloody serum, and the lower parts like coffee grounds, or gunpowder. Other parts of the body now also began to show the same disposition to exude their vascular contents. On the 16th, the points of the fingers of the left hand having got livid and numb, discharged blood during the night, by which they were relieved;—the left breast again also relieved itself by a copious emission of the same fluid. On the 20th, exudation from both hands took place. During this time, that is, since the 4th, there has been no discharge *per vaginam*, except slight leucorrhœa. On the 24th, a discharge, apparently the menstrual, took place to a small extent. At this time, also, she began to complain of great uneasiness at the neck of the bladder, with frequent and intense desire to void urine,—this was small in quantity, and almost colourless.

Little change took place till the 28th, when a copious bloody discharge was thrown off from the right iliac region, the site of her severe suffering during the spring. On the 15th of August, there was also an issue of the same fluid from the vertex of the head, matting the hair, and running down the body. The effusion from the various places began now to get excessive, and, by the beginning of September, had proceeded to such an extent, as to render her almost exsanguine. The quantity daily thrown out exceeded the whole ingesta, both solid and fluid; besides the throat, neck, groin, &c., it started in a continuous stream from the bend of the arm, as if venesection had been performed upon her; from the other parts it percolated more slowly. The acetate of lead, with port wine, were administered to a considerable extent; and, by the 10th, the discharge had almost ceased; the pain in the iliac region had also abated, and she felt considerably relieved.

On the 21st October, succeeding sudden mental emotion, a relapse took place in the renewal of the discharge from almost every part of the body, which continued for several days; the odour exhaled by the fluid was exceedingly offensive, and still of a menstruous taint.

In December she improved again, and went on moderately till the 8th January, 1841, when the discharge suffered an exacerbation, and flowed profusely from the left labium pudendi—the iliac pain and vesical uneasiness also returned; from the iliac region the pain stretched down the limb, with diminished heat and sensibility; the arterial pulsation could scarcely be felt in it. A contemporaneous issue also took place between the shoulders, flowing and abating with that from the labium. She had stimulating frictions applied to the limb, with the internal use of wine. Notwithstanding these means, however, she soon became so weak, as to be subject to occasional syncope, and, on the 22d, sunk so much, as to seem *in articulo mortis*. On that day I found her lying in bed, insensible, and almost pulseless, with those convulsive twitches of the muscles, termed *subsultus tendinum*. The case now seemed hopeless. I however tried to support her with stimuli, and afterwards, on rallying, with easily digested nourishment in small and frequent quantities. Contrary to appearances, she gradually, although slowly, improved. The vesical ailment, however, still remained; for the relief of it she was under the necessity of using considerable quantities of opium, and gained very little flesh, less than what her face indicated, for it continued generally somewhat tumid, more especially before one of the hæmorrhagic attacks, of which it seemed the precursor. By April the state of her general health was very much improved, and a change also took place in the character of the disease. The discharges were no longer sanguineous, nor showed any deposit, but colourless, and in appearance resembling profuse perspirations forced out on the surface. This generally was preceded by darting pains through the chest and abdomen, but might be brought out at any time, and in a sudden manner, by mental emotion. It took place chiefly from the head, chest, and groins, and stood on the surface like globules of dew, when the excitement was very severe. The coloured particles of the blood were also forced through the pores, when it resembled the discharge as it took place at first. These phenomena still occasionally occur. Otherwise, the patient is now able for considerable exertion.

Remarks.—In the preceding case, whether the suppression or irregularity of the catamenial discharge was idiopathic or merely symptomatic,—and again, whether the hæmorrhage that occurred from the various parts of the body were symptomatic of

the suppressed or irregular menstruation, or other hidden disease, of which both were symptomatic, I am unable from my observation of the case to say; but having already given my reasons for following such mode of treatment, I have only to point to the effect of the reinduction of the catamenial discharge upon the most alarming symptom of the complaint, to shew the intimate relation it bore to the haemorrhage in question. But whether the induction of the menstrual discharge produced this effect, by removing the amenorrhœa, or merely by acting upon the grand principle of *revulsion*, it would be interesting to discover.

Dr. Hamilton, in treating of the utility of *purgatives in vomiting of blood*, adverts to a class of cases that occur in females about thirty years of age, which practitioners have looked upon as bearing so intimate a relation to the menstrual flow, as to be thought by some *vicarious of the menses*. The doctor regrets that practitioners should be led into such theoretical disquisitions, and to base their treatment upon them, while a different practice, founded upon other views of the case, would often lead to more certain results. They are, he states, often led to treat a symptom merely, while the disease is lost sight of. His strictures, however, are not fully applicable to the present case. I could not discover any other irregularity in the system, upon which the inveterate hematemesis depended. I was led to attempt the removal of the suppressed menses, as one of the means of cure, and was pleased with the result; but before the more intimate connection between such cases and the catamenial discharge—as meriting the name of vicarious menstruation—can be proved, we must become better acquainted with the nature of menstruation. That the catamenial flow is one of the most important phenomena of the female economy, all will allow; but whether its object be merely to produce certain changes upon the uterine system, fitting it for its most important function, or merely a plan which nature adopts to rid herself of a superfluous quantity of her circulating mass; or whether it be a proper excretion, as that from the kidneys, and possessed of similar deleterious properties, if not eliminated, cannot be at present answered. If the discharge had distinct physical properties, they might be easily applied; and, in such cases as the preceding, be of the utmost importance; but science has not yet advanced so far. The future progress of this case I shall be careful to notice, and, if interesting, communicate.

ON DELIVERY.

By Dr. Metz, of Achen.

Dr. Metz, after having been an advocate for long waiting in all cases of slow delivery, now professes his conviction that very active measures are often requisite and proper. He gives a report of a great number of cases in support of his newly-avowed doctrine.

From 1830—39, he observed the following causes of tardy delivery, accompanied with haemorrhage.

1. Partial adherence of the placenta to the uterus—56 times.
2. Hour-glass contraction of the uterus—5 times.
3. Spasmodic contractions of the lower segment of the uterus—4 times.
4. Absence of uterine contractions—5 times.
5. Pendulous belly—6 times.
6. Enormous hypertrophy of the placenta—4 times.

Dr. Metz has always observed that the placenta, when retained in the uterus, gives rise to dangerous and often fatal consequences, and therefore strongly reprobates the expectant practice in such tardy cases.

Dr. M.'s memoir concludes with eight cases of haemorrhage, caused by insertion of the placenta into the neck of the uterus. In five instances he saved the mother by a forced delivery, turning by the feet; twice, artificial delivery was too late in being resorted to; once, he thought that the operation was still in time, but the woman sank from loss of blood, continuing even after delivery. An autopsy was not granted; but rupture of the uterus was conjectured to be the cause of the haemorrhage.—*Neue Zeitschrift fur Geburtskunde, B.* 1. *T.* 9.

ENORMOUS FATTY TUMOUR IN A NEW-BORN CHILD.

Madame S., aged 26, of delicate constitution, passed through her first labour easily, and without any accident. A year afterwards she again became pregnant, and found herself well during the first half of her pregnancy; but for the remainder of her time was much oppressed with a sense of weight and pressure in the abdomen, which was most remarkable during each motion of the body. She was brought to bed at the usual time, and the nursetender thought the position of the child was with the breech presenting; when the waters had flowed off, it was evident that the presenting part was not the buttocks; consequently, in this dilemma an accoucheur was sent for. On his arrival, he found the presenting part protruded from the os uteri, which was widely distended; it was a soft, round body, which perfectly filled the upper part of the smaller pelvis, and which could not be pushed back itself, nor would it permit the hand of the examiner to pass beyond it. Every part of this mass was equally soft, and there was not a single hard point to be found. As the throes became stronger, the mass advanced to the opening of the pelvis, and by some violent efforts on the part of the lady was at length entirely protruded. Above and in connexion with this tumour appeared the buttocks of the child; the labour was soon completed, and without any further difficulty. The child, a girl, was of moderate size, thin and almost pulseless, the respiration superficial (oberflachliche) and deficient; the voice was weak and whining, and the legs appeared to be paralysed. A tumour of nearly double the circumference of a child's head was fixed with a comparatively small basis immediately behind the anal orifice, which was much pushed forward towards the pudenda. The surface of this tumour was for the greater part uninjured, and was of the colour of the rest of the integuments, except at a spot opposite to the base, where redness and excoriation had occurred, and from which continuously streamed a considerable quantity of blood. Styptics and compression were employed to stop this bleeding, which appeared dangerous to the child in its feeble condition, but did not succeed, and it appeared necessary to set about removing the excrescence in order to tie the vessels whence the haemorrhage originated. As the family did not possess all the requisites of attendance, &c., which the child would require, they consented to its removal to the lying-in hospital, and there the extirpation was immediately accomplished. The operation presented no particular difficulty, for the fatty mass was bounded, and set into a tolerably firm and easily cut cellular tissue. The evident termination of the tumour, however, consisted in a prolongation of the coccyx, the cartilaginous point of which pierced into the tissue of the tumour, and had to be cut off.

The tumour weighed 2 lbs. 3½ oz., whilst the whole child after it had been removed weighed but 5½lbs., so that the tumor was nearly half the weight of the child; it was between six and seven inches in diameter, and extended out on all sides from its peduncle. On a section being made, its substance appeared to hold a middle place between brain and fat, and contained a number of divisions like the placenta, all connected together by a thin and loose cellular tissue; in many parts appeared small cretaceous layers, some containing points of ossification, and others little laminæ of bone. There were also some small cavities containing a small quantity of a whitish yellow pellucid fluid; at that point where the haemorrhage had occurred there were many cells and veins filled with blood, which were largest towards the surface. The child died twelve hours after the operation.

Autopsy.—Section of the head showed nothing irregular, the bones of the skull, as far as regards their firmness and thickness, were remarkably developed; the fontenelles not large, the substance of the brain moderately soft. The thymus gland small and surrounded with fat; the lungs in many places were yet in the fœtal condition, as firm as liver, and of a brownish-red colour; the foramen ovale not closed. In the abdomen nothing abnormal except excessive paleness. The spinal column and pelvis were normal, and this rendered the form of the os coccygis more remarkable, for from the hinder and lower part of the much-elongated and tail-formed sacrum proceeded a cartilaginous growth into the midst of the tumour, and formed alike its root and peduncle. This peduncle, which, at its origin, was of the thickness of a quill, could be followed into the tumour nearly three-fourths of an inch, but the farther it proceeded the thinner and softer it became, and at last was lost in a similar colour and consistence as the tumour.—*Dublin Journal of Medical Science*, May, 1841.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

May 5th, 1841.

Dr. Maclagan, President in the Chair. Mr. James Miller, F.R.C.S.E.; Mr. J. Spence, Surgeon; and Dr. James Dunsmore, were admitted ordinary members.

Professor J. Y. Simpson read a communication on the question:—Can compound parts be regenerated in the human body? Dr. S. commenced, by observing that compound parts can be regenerated in the lower classes of the animal kingdom, and cited facts to show that the difficulty of regeneration increased in proportion as the animal rose in the scale of organization. With respect to the regeneration of compound parts in the human subject, Dr. S. remarked, that he had had occasion to observe, that, on the stumps resulting from the spontaneous amputation of limbs in utero, there was frequently observed the development of rudimentary organs, corresponding in number, and somewhat in appearance, with the fingers and toes. He mentioned three cases of this kind, one living at Linlithgow, another resident in Edinburgh, and a third, a patient in the Royal Infirmary. He exhibited a drawing of the appearance of one of these cases. Dr. Simpson stated his belief, that, in cases where portions of the living body had been mutilated, perfect reproduction of the original tissue did not occur; but from the above cases, he inferred that regeneration to a certain extent might occur, the parts so reproduced, however, being always of a lower type than the original structure. Dr. Simpson quoted a case given by Mr. White, of Manchester, where a supernumerary thumb, after being removed, was regenerated so far as to require a second amputation.

REMOVAL OF ONE OF THE BONES OF THE METACARPUS, THE CORRESPONDING FINGER BEING PRESERVED.

By M. Blandin.

M. Blandin presented to the Academy of Medicine two patients from whom he had removed one of the bones of the metacarpus, but preserved the corresponding finger. The first case was that of a woman, the first metacarpal bone of whose right hand was affected with caries. The affected bone was cut out; and when the wound was healed and the cure completed, the thumb was found to be much shortened, but very useful, quite mobile, and sufficiently strong for most purposes. She was able to use the thumb for holding the pen or needle, and used it easily both in writing and sewing. The hand, indeed, was both less mutilated, and much more useful than if the entire thumb had been removed. This was the fifth time that M. Blandin had successfully performed this operation.

In the second case it was the fifth metacarpal bone of the right hand which was diseased; and though the operation for its removal was more severe than the first, when the cure was completed, the finger was not less useful, and no mutilation of the hand was noticed.—*Edin. Med. and Surg. Journal, April*, 1841.

Dr. Hancock.—It is with the greatest concern we learn that this individual is now in a state of the utmost distress, overpowered by sickness, and incapable of assisting himself and his family. He has considerable claims upon the profession, and we sincerely hope they will follow the noble example set them by the Fellows of the Royal Medico Botanical Association, whom, we understand, have rendered him all the assistance in their power.

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SHERIFFS' COURT, JULY 15.

(Before Mr. Under Sheriff Burchell and a Common Jury.)

BATCHELOUR v. GRAY.

This was an action brought to recover 4*l.* 13*s.* for medicines supplied by the plaintiff, Catherine Batchelour, a chemist, of Hammersmith, against the defendant, a servant to a lady named Page, residing at Brook-green.

Mr. Horn appeared as counsel for the plaintiff, and a solicitor on behalf of the defendant.

It appeared that the plaintiff's brother was not 20 years of age at the time the debt was contracted, and was a student at the University College Hospital. He was in the habit, however, of attending patients, and recommending his sister's drugs, and lived in the same house with her. The defendant had been visited by him, and medicines had been made up for her according to the directions of Mr. Batchelour, some of which were delivered, and others were fetched by the defendant from the shop of Miss Batchelour.

For the defence it was contended that there had been fraud and collusion between the plaintiff and her brother for the purpose of defeating the Apothecaries' Act, and that if any contract had been made it was with Mr. Batchelour.

Upon the objection of Mr. Horn,

The learned Under Sheriff said he was of opinion, as the defendant had merely pleaded the general issue, he could not receive evidence shewing fraud and collusion, except so far as went to prove that there had been no contract with the plaintiff.

Mrs. Sarah Page said the defendant was her servant, and she was visited by Mr. Batchelour at witness's house. She expressed an opinion to him that, from his extreme youth, he was incompetent to send her servant medicines; upon which he assured her he had been in *practice* since he was fifteen—(a laugh)—and that he was then "going" two and twenty—(Renewed laughter). She knew he repeatedly changed the medicine, as she "tasted" it, and he had rendered the defendant only fit for an infirmary. She had lost all her teeth but three, lost her strength, and was no longer able to do hard work. Her father was in the workhouse, and she had no means of paying the bill.

The Under Sheriff said the Jury had nothing to do with the wealth or poverty of the defendant, and if a person chose to employ an unskilful surgeon, it was no ground to prevent a chemist being paid for drugs supplied.

Verdict for plaintiff, 4*l.* 13*s.*

THE USE OF POULTICES IN INFLAMMATIONS OF THE GREAT CAVITIES.

By Sir Francis Smith, Paris.

NOTHING is more remarkable in the practice of physic in France, than the constant use of cataplasms in the treatment of inflammations of the great cavities. The moment inflammation is supposed to exist in the chest or abdomen, the first order given is to apply cataplasms. Where a practice prevails so generally, it is worth while to enquire into its value, and to examine whether its advantages might not entitle it to a favourable consideration, where its use has hitherto not prevailed.

The benefits to be derived from the application of poultices over inflamed cavities, are analogous to those sought from, in their application to other inflamed parts, and may be stated to consist, first, in maintaining the temperature of the parts over which they are applied, and thus giving nature a better chance of effecting the resolution of existing inflammation; secondly, by their moisture mechanically aiding in the relaxation of injured tissues; and thirdly, by drawing the capillary circulation towards the surface, acting the part of derivatives or revulsives.

The usual material for poultices is the linseed meal; and they are usually included within linen cloths. The poultices are generally so large as to cover the seat of inflammation. They should be removed and renewed every three or four hours. Particular attention to the latter circumstance is desirable, as the edges are liable to grow cold, and a disagreeable and dangerous dissipation of animal temperature is the result; and in this and in their weight consist, I think, the principal disadvantages of the system.

In the bronchial irritation attendant upon the exanthematous fevers, poultices to the chest are universally employed; and where any want of energy appears to exist in the system, preventing the coming out of the eruption, cataplasms, consisting of the usual linseed meal, with the addition of a very small quantity, say a twelfth or a fifteenth part, of mustard meal (not flour) are applied to the feet, and maintained for days together; thus keeping up both the temperature of the extremities, and gently stimulating the skin. The same mixture is also, when necessary, applied to the calves of the legs and thighs—the practice in the latter instances being similar in intention to that adopted in Great Britain; but, from the mustard meal being less irritating than the flour, and being used in so small a proportion, the sinapised cataplasms can be longer retained in their situation.

Pleurodynia, diaphragmitis, and many other affections of a painful nature, are likewise treated by poultices; and it is certain, that their effects are often, in such cases, very satisfactory.—*Dub. Jour. of Med. Science, Jan.*, 1841.

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List of Gentlemen admitted Members, on Friday, July 16th, 1841:—

Joseph John Edward Porter; John Henderson; Eaton Wm. Waters; James Philip Lawrence; Benjamin Blaine; Richard Austin; Rupert Pincott; John Scott; John Jeffree.

Admitted, Monday, July 19th, 1841:

David Kent Jones; John Coventry; John Philips Potter; John Innes; Joseph Jee; Edward Gregory; William Skinner; Thomas John Starling; William Reynold Deere Salmon; William Withey Gull; Daniel Wheeler.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XX.

"Empirics will undertake all CURES, yet know not the causes of any disease. Dog-leeches!"—
Ford's Love Melancholy.

The Prosecution of Regular Practisers, &c.

We now arrive at that last and most important point, the results of the Penal Clause of the Apothecaries' Act in suppressing irregularity and Quackery, and preventing the wholly ignorant and utterly incompetent from practising.

The Hall evidence stated that in nineteen years they had had seventy-five cases of prosecution, twenty-seven of whom were afterwards licensed. The last action cost the Company £400.

It appears that by another blunder of this Act, after letting slip the Druggist and Chemist, and defining the wholly ignorant and utterly incompetent as the proper persons for prosecution, they were obliged, by the wording and construction of another clause of *their own* Act, to prosecute on informations, and in no other way.

The consequence, as Mr. Nussey stated, was precisely the same as that for which the College of Physicians has been condemned so loudly, and perhaps deservedly, for so many years, and for which, indeed, other bodies also have been reflected on. Both the College of Physicians and the Hall, instead of confining themselves to the hurling of the thunders of the law, as was meant both by the letter and spirit of the law, at irregulars, unlicensed men, quacks, and the wholly ignorant and utterly incompetent, fell foul of an almost-unobjectionable class of men in comparison with the *unprincipled adventurers* they were designed very wisely and providentially to weed out of the profession and visit with condign punishment.

But, instead of making examples of these despicable intruders and interlopers into a profession of skill, of which they knew nothing at all about, they conceived themselves compelled to prosecute—whom and what?

The first parties selected to feel the strong arm of the law were the graduates of the University, with an eye also to the Members of the College of Surgeons of Edinburgh, as we suspect from competitional motives and interested motives at the bottom. It was very ironically remarked in committee on this course, that "though highly-qualified persons, like Scotch graduates, were not capable of passing the Hall examination, yet such persons, though rejected, were better qualified than Chemists and Druggists, who have not undergone any medical education at all."

"The Physicians," said the witnesses, "contended, and perhaps not unjustly, that they had taken a much higher degree than we could confer upon them, and that, if entitled to practise as Physicians, they were surely entitled *à fortiori* to practise as general Practitioners. For this, as one reason, we relieved the Doctors in Medicine from coming before us." This witness observed that,—"The *name* of Physician is regarded more than the *substance*," which is often too true; and he informed the committee that "the Scotch graduates in practice are by no means so numerous as the general practitioners;" which is obvious. The chief points which the witnesses seem to have established against the Scotch graduates and the English general practisers educate in London, is, that—"The London Hospitals and Schools, as well as the Edinburgh, do not afford Medical Students *practical* information respecting those diseases which *destroy more than one-half of the population!*" They object to Physicians acting as Apothecaries, "because, though they have received a high education, they have not always been instructed in Pharmacy, and such men are liable to *remarkable mistakes* in consequence of misinformation on the effects of the medicine."

This remark, in very many instances, is certainly true. Since we have been in public and private practice for nearly twenty years—not as PURES, but physicians and surgeons combined — we have had it indelibly impressed on our minds, by what we have observed of incipient Scotch graduates, that they know next to nothing of Therapeutics, or the art of prescribing, beyond the coarse and simple practice of the clinical wards of the Royal Infirmary. We have two volumes of notes, containing the daily orders of the Infirmary wards, 1821-2; but we never go back to these rough and general remedies, which resemble those of a pharmacopiæ pauperum. They will not suit the civilised people of the upper and middle classes. Incipients are generally very common-place prescribers—by no means *au fait* in the art. It is several years before they gain sufficient practical knowledge by experience to acquire therapeutical skill, and the *real* art of prescribing with judgment, precision, and the rare tact of discerning the exact relation of remedies to the real disease and constitution. You find these men in the ranks of death, from omission or commission, for a time, by which they discover their deficiency, and endeavour to repair it by copying the prescriptions of their competitors, which, if they are ASTUTES, they take care to libel well, and adopt them notwithstanding; thus, they suck the brains of superior men, of superior methods of treatment, and ascribe the cures which they make by borrowed formulæ to their own *natural* and *original* ingenuity. In Therapeutics, is the general and striking deficiency of all incipients.

The Hall evidence has proved good in establishing another point—that the medical education of Scotch graduates and London general practitioners has not proved good for the want of a sufficient hospital, and a sufficient number of cases; and that it is necessary to prevent the reception of mere *memoriter* knowledge.

The committee seems to have put some very meaning and home questions to Mr. H. Field on this extraordinary system of prosecuting well-educated men instead of the lowest educated, and the lowest qualified intruders into it—in fact, IRREGULARS and QUACKS. Here Mr. Field had recourse to the *non mi ricordos* of Majocchi of old; it was evident that he was very much disconcerted, and that self-defence and self-vindication were very difficult, but he would not say they *never* did prosecute qualified men. "It must have been a *rare* occurrence." "They had selected the most ignorant: if others, very few indeed." There seems to have been no very good motive, nor any very sound discretion, at the bottom of the Society's conduct in this very doubtful, exceptionable, and culpable course. Mr. Field's was but a lame defence. He, or one of them, was also asked, if a graduate of Oxford and Cambridge should apply to the study of medicine, and, from want of adequate fortune, be at length precluded from practising as a physician, should he be precluded from acting as general practiser? The conclusion was lame and impotent.

(To be continued)

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by
PROFESSOR OWEN, F.R.S.

LECTURE XVIII.

In considering the functions which contribute to the formation of the ovum, the subsequent fecundation of that ovum and the development and perfection of the embryo, a number of procreative stages or processes will be found to be called into action. These processes may be estimated as seven in number:—1. *Germination*, a preparatory stage which implies the formation of the germ. *Semination*, another preparatory stage occurring in the male, and consisting in the secretion of the male fluid, endowed with its proper and peculiar attributes. 3. *Fecundation*, which is frequently accompanied with intromission. 4. *Conception*, which embraces all those changes which ensue during the transit of the ovum from the ovarium, along the Fallopian tube, into the uterus or conceptacle. 5. *Fœtation*, or the development of the embryo and its growth within the uterus. 6. *Extrication*, the escape of the fœtus from the ruptured membranes. 7. Its *Exclusion* and birth. In the higher classes of animals these changes succeed each other in the order in which they have been enumerated; but in the other classes, and among invertebrata, they present considerable variety and modification; germination and semination are alone constant throughout the whole of the animal kingdom. Among reptiles, as in the Viper, the Slow-worm, and some Lizards, an inversion of some of the processes takes place; and the seventh stage, or that of exclusion, usually precedes the sixth, or the extrication of the young from the membranes. In birds the exclusion of the germ takes place before fœtation; and in the Batrachian reptiles and fishes, exclusion precedes fecundation. Among invertebrata the phenomena are changed, inverted, and modified in every degree; and Burdach has justly remarked that birth is not always the last. Even so high in the animal scale as Marsupiata, the development of the embryo is divisible into two parts; one of which is accomplished within the uterus, and the other, after the birth of the fœtus, in the Marsupium.

Besides a healthy state of the organs of generation, which is indispensable for the development of the phenomena of the preparatory processes, other conditions are likewise necessary. Trembley, in his experiments upon the Hydra Viridis, long since observed that the generative functions were retarded by cold and by a diminution of nourishment, while

they were rendered more active by caloric and abundance of food. This observation made upon animals so low in the scale is equally applicable to the highest; in the latter, health, vigour, and the arrival at that period of age which is called puberty, are required conditions. In some of the lower vertebrata, the ova and semen are provided by the animal before the period of maturity is reached; thus, in the Salmon, which, at the adult age, may measure three feet in length, the young measuring about five inches, or even less, before they have cast off the livery of the genus, secrete the male fluid, and are capable of fecundating the ova of the full-grown fish.

Certain changes and peculiar phenomena are found to accompany the period of generative activity in the various classes. Thus, in fishes, there is an increase of size in both sexes, depending in the males upon the enlargement of the soft, and in the females upon that of the hard roes; one sex, usually the male, deviates also from the common character of the species: thus, in the Tench, the colours are much brighter at the nuptial period, and the same change is perceived in the Bream, the Cottus, the Gobius, and in the Sharks. In the Plagiostomous cartilaginous fishes, as the Sharks and the Rays, a process is developed from each of the ventral fins, and serves the office of a clasper, or holder, in the coitus which accompanies internal impregnation. In a specimen of the male Chimera, lent to the lecturer by Dr. Buckland, the claspers are well seen; and, besides these, a process developed from the head, and typifying the horns of higher animals.

Reptilia.—In the Batrachia, the abdomen is enlarged in both sexes, but particularly in the female, where the ova are simultaneously formed. This circumstance is connected with an osteological character, the rudimentary condition of the ribs, and the small size and anterior position of the sternum; in the males a tumidity of the fore-feet also occurs with a change in their colour. In the male Newt an extension of the integument takes place, forming a dorsal and a caudal fin. In the Ranapipa, or Bull-frog, the larynx presents a sexual character in its large size, and associated with the magnitude of this organ is the extraordinary noise made by these creatures at the breeding season. Among the higher reptiles, a greater brightness of colour is also perceived in the males; and in the Python and Boa those anal hooks or claspers are found, which assist in the coitus of the sexes.

Aves.—In birds the generative peculiarities exhibited in the cutaneous system are most prominent and glaring. The specific differences in the plumage of birds are well exhibited in the change of colour which takes place in the young of the Australian and Northern Swans; the cygnets of both are of the same colour, a grey or slaty hue; but as they advance towards puberty, they deviate in the most opposite manner, the one becoming jet-black, and the other snow-white. Among the greater part of birds the male assumes a peculiar livery at the period when the generative functions have become active. This is illustrated in the golden head-dress of the Gold-finch; the varied hues of the common Cock, and in the Golden Pheasant, where the female retains the sober hues of the young bird, while the male puts forth the most gaudy colours, in variety and beauty, defying description. These changes are the permanent characters of the animals; there are others which are merely temporary, such as the development of the neck-feathers in the Ruff or Reeve, which are lost after the breeding season. In the common Cock, besides the neck-feathers, and the red integument of the comb and wattles, the spur, a weapon intimately connected with generation, is produced; the Cock is a polygamous animal, and maintains his right against other males by his boldness and courage. In this way the strongest and healthiest male is always secured to the female, for the fecundation of their ova. In the Condor the comb is of huge size, increasing in bulk with the development of the generative powers. The male of the Grouse is characterised by the bright scarlet and warty integument around the eye.

With regard to size, the males of all polygamous birds exceed the females; but in the raptorial genera, as the Eagles, the Falcons, the Hawks, the female is larger than the male. These are birds of prey, and subsist by the destruction of smaller species of their own class, requiring for that purpose, and for their high flight, wings of enormous strength: added to which, the female has also to provide for her hungry progeny; but far exceeding the other generative peculiarities, is that interesting and singular modification in the organ of voice of these animals, so fruitful and instructive in their instincts, by means of which their generative activity is poured forth in melodious song.

Mammalia.—In the highest class, instances of generative peculiarities are too numerous to admit of complete description, the most striking illustrations alone come within the range of the present lectures. In *colour* there are but few remarkable changes at the period of puberty. Among the predatory animals the male Badger and Lynx are much brighter in their colours than the female. In the Giraffe, again, the spots upon the skin are darker in the male than in the female. In some animals a generative peculiarity is observed in the disposition of the *skin*, as in the duplicature called the dewlap of the Bull. In the Stallion and the Bull the accumulation of cellular and ligamentous matter in the neck is also characteristic of their sex. In the Seal, the phoca cristata, the male is recognised by the crest of integument situated upon the head. The male Lion is remarkable for his thick and flowing mane; and a similar character is seen in man, in the growth of hair from his face and neck. Another generative peculiarity of great importance is the production of horns; in some of the horned tribes, as the Antelopes, these appendages to the head are permanent; in others, as the Deer tribe, they are temporary, being acquired only at the breeding season. In the Fallow Deer they are shed each year, and an additional antler is produced at each new growth. At the full age the brow antlers are large and strong, and the stem broad. These weapons perform the same office in the Deer that the large spurs in the Cock effect, preserving the strongest and healthiest Buck to the greatest number of Roes. As the animals grow old, the horns become simpler, the brow antler is almost lost, and the stem is less branched, as may be seen in this beautiful specimen presented to the Museum by Sir Philip Egerton. The horns are partly developments of the cutaneous system, and partly of the osseous system. An analogous production from the osseous system is seen in the Ornithorynchus paradoxus, where a sesamoid bone is introduced in the posterior legs for the support of a long horny spur, pierced through its middle for the passage of the duct of a gland, situated between the integument and muscles on the posterior part of the thigh.

With regard to the organ of voice as a generative character, its alteration, at the period of puberty, is well known in man. Amongst animals we have instances in the Bull's bellow, the Lion's roar, and that remarkable and deafening howl of the male Beelzebub Monkey. In the latter animal the os hyoides and thyroid cartilage are expanded into a chamber of considerable size, by means of which the peculiar sound is occasioned. With regard to size, the male for the most part, predominates over the female; there are however, exceptions to this character. Thus in the genus Bos, the Bull is smaller than the Cow; or some parts of the animal are larger than in the opposite sex; as, for example, in the Cetacea, the head of the male Cachalot is one-half longer and broader than that of the female.

The *teeth*, also, serve frequently as a distinctive character of much zoological importance; in birds and reptiles these organs are absent, or scarcely exist. Among mammalia, the enlarged size of the teeth constitutes a sexual difference, as we observe in the tusks of the Boar and of the male Elephant, particularly the Asiatic, for this difference is not so remarkable in the African variety. In the skull of the Narwhal a long tusk is found imbedded in each alveolus of the upper jaw; in the female these teeth are rudimentary, and never appear externally. In the male, the right, also, remains rudimentary; but the left attains a prodigious size, and projects for several feet beyond the snout of the animal, serving, at the same time, as an organ of offence and defence. This organ may possibly answer the same purpose in the animal economy, that we have already seen fulfilled by the spur in the Cock, and by the horns in the Deer.

In man the muscular system exhibits greater tone and vigour in the male than in the female, while in the latter the adipose structures are more developed; the skin is firmer and more rigid in the male, and more soft and yielding in the female. The extremities, also, of the female are more slender and delicate, and resemble the forms of childhood. The general character of the female textures and form exhibits the incompleteness of youth, with the exceptions only of those portions of the system which are dedicated to the generative processes. In these a marked deviation from the early type may be observed, the sacrum expands, the arch of the pubis is widened, the tuberosities of the ischia become separated, and the whole pelvis assumes the peculiar feminine character. If the male figure and the female be covered by an ellipse of the same diameter, the remarkable contrast in form between the two sexes will be rendered apparent; it might be considered too imaginative to compare the ellipse of the female figure to the early periods of the ovum.

When an animal is emasculated, it falls from its male character and occupies a middle place between the two perfect sexes. Sir Philip Egerton has prosecuted some very interesting experiments upon the changes which occur in Deer after castration. If the Deer in full horn be castrated, the base of the horn instead of presenting a convex surface, as is the case in the perfect animal, is flat, or more or less concave and hollowed; the succeeding horns produce their antlers very imperfectly, and, instead of casting, they retain their fleshy covering; occasionally they assume the most monstrous forms, as in this example, where no antlers have been produced, but the entire horn is covered with warty excrescences,

In the common Hog, the tusks are not developed when the animal is castrated. In birds, as in the instance of the common Capon, the emasculated animal always retains the general appearance of the female, as first pointed out by Hunter. If, on the other hand, the female organs be abrogated, the animal undergoes a change approximative to the male, but still retaining an intermediate position. Thus in this extraordinary specimen of the Peafowl preserved by Hunter, the female has acquired the tail, and many of the feathers, peculiar to the male.

Leaving the modifications which distinguish the sexes generally, and under peculiar circumstances, and reverting to the preparatory processes of generation, we shall discover, floating in the fecundating fluid of the male, examined beneath the microscope with a power of from four to six hundred linear measure, a vast number of minute granules and moving filaments which characterise that secretion. A moderate degree of observation will serve to show that these motions are not voluntary, and are very different from the movements seen in the cercariæ of the polygastric infusoria. These spermatic animalcules or spermatozoa have an undulatory and rhythmical motion peculiar to themselves, and in their form present great varieties in the different classes, and even in genera. Close microscopical observers have described varieties of form in the spermatozoa even in species; and Rudolph Wagner is of opinion that specific differences may be founded on their peculiarity of figure. In osseous fishes they are globular in form, with a small caudal appendage. In cartilaginous fishes they are filamentary, and only slightly enlarged at one extremity. In Frogs and in the Newt, it was long since shown by Spallanzani that they were larger in size than in man. In the Passerine, and incisorial genera of birds and some others, the spermatozoa are enlarged at one extremity into a spiral cylinder, somewhat like a corkscrew in appearance; while in the Raptorial, Wading, and Gallinaceous birds, the cylindrical portion is straight. In mammalia it is well seen that the size of these animalcules bears no relation to the bulk of the animal in which they occur; those of the Mole are as large as those of man. Valentin, in examining the spermatozoa of the Bear, has discovered traces of internal structure, which induce him to compare them to polygastric infusoria. In the interior are rounded sacs, which he considers analogous to stomachs; and in addition, there are two points upon the surface which he considers to represent a mouth and anus. Mr. Owen, after a careful examination of these animalcules in the Lion, could discover a granular in-

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ternal structure only, without a trace of the high organisation seen amongst infusory animals.

Wagner has traced the development of the spermatozoa in the male fluid, and has found their stages very similar to the production of the female ovum. Their existence, as distinct animals, ought at once to be rejected; they resemble more closely in the animal economy the moving particles of pollen in the vegetable kingdom.

Excepting during the breeding season they are not found in the semen of some animals, as in the Insectivora, smaller Rodentia, and Passerine birds. In the Sparrow the testis at the end of winter is found to be full of small cells, which contain granules; these cells gradually disappear, and the granules arrange themselves in long filamentary threads. In this disposition they bear some analogy to the globular structure of the ultimate filaments of muscular fibre.

If, now, we reflect upon the close similarity which exists between the ova of all species of animals, and at the same time upon the great diversity in the form of the spermatozoa, we should be disposed to look upon the latter as the essential principle upon which the difference of character of the species will depend; and at the same time regard the ovum, like the seed of the plant, as the mere nidus in which the necessary changes are effected, rather than as containing within itself all the parts essential to its perfection.

LECTURE XIX.

In the previous lecture has been traced, a sketch of the phenomena and modifications which accompany the development of the generative function. This function has been divided into seven processes or parts, a division which is not artificial or founded upon a disposition to establish nice and unnecessary distinctions, but which really exists and is susceptible of variable transposition in different orders and classes of animals; instances of this inversion of the established order in the highest animals have already been given. In the next place we glanced at the changes in the individual concomitant with the acquired power of producing the semen or the germ, and the distinctive characters of the two sexes. Among the most prominent of the sexual peculiarities was the development of a pair of temporary horns at the period of the rut, in which we perceived the agency of a final cause, the preservation amongst polygamous animals of the greatest number of females to the strongest and healthiest male. Next, we were struck with the prodigious size and strength of the female of the raptorial birds as compared with the male, a character that had reference to the necessary provision for, and defence of, her young. Numerous were the instances in which the most splendid hues were added at the sexual period to the dull primitive colour of the race, and served as distinctions and ornaments tending to render the possessors more acceptable and attractive to each other. Then the first of the preparatory processes in the male, the secretion and formation of the seminal fluid was examined. At present, therefore, it remains to inquire into the process by which the ovum before fecundation, that is, the *ovarian ovum*, is produced.

Development of the Ovarian Ovum.—The first observation belonging to the subject is the consideration of the cavity of the ovarium in which the Graafian vesicle or follicle is contained. As early as the year 1834, in pursuing the mode of development of the marsupiata, Mr. Owen assured himself of the identity of the Graafian vesicle with the calyx of birds; and from that circumstance adopted the name ovisac, which he applied to that vesicle. More recently, Dr. Martin Barry, in his able and admirable researches into these phenomena, has applied that term to a different structure, one which will presently be described. The Graafian vesicle presents for examination an external theca or tunic; an internal theca, which is the most important part of the vesicle, and constitutes the true ovarian vesicle, or the ovisac of Barry; then a layer of nucleated granules or cells forming the membrana granulosa. The ovarian vesicles, or ovisacs of Barry, are found in such prodigious and incredible numbers in the mammiferous ovary, that when examined with the microscope, about one thousand five hundred millions are estimated to be included within the space of one single cubic inch.

These vesicles are at first simple minute sacs, containing a limpid and transparent fluid; but soon afterwards they are seen to contain a number of peculiar granules or cells, each possessing one or two nuclei. The vesicles are developed in the small cavities of the stroma of the ovary, and frequently between the tunics of the more advanced ovisacs. From the astonishing numbers in which they exist, it must be clear that few only can be destined to contain an ovum; and this is more and more the fact, as we rise higher in the animal scale. In fishes, almost all the ovisacs are capable of developing a true ovum, and arriving at perfection; in man, how few can possibly attain this end. As the ovarian vesicle or ovisac (of Barry) increases in size, the stroma of the ovary immediately surrounding it becomes condensed, and converted into a thick and highly vascular tunic. Besides the coverings which are thus formed, additional tunics may be produced accidentally, by the protrusion of the ovisac into the internal cavity which exists among the lower vertebrata, as in fishes, when the vesicle acquires an investment from the fibrous capsule of the ovary and one from the mucous lining; or by the protrusion of the ovisac externally, as in the bird, in which case the peritonæum in the instance of the Aptherix may form the exterior investment, or, in the majority of birds, one of the superjacent air-cells. In the latter case, as in the former, the ovisac will possess a true covering of mucous membrane.

In mammalia, Mr. Owen cannot satisfy himself of the appearance of the germinal vesicle in every case, before the ovarian vesicle is discovered. He thinks that the ovarian vesicle (ovisac of Barry) is first formed; and that the germinal vesicle, with its characteristic germinal spot, appears very soon afterwards. The manner in which this formation occurs, will be best explained in the following manner:—An atom of organic matter must be supposed to be floating in a small quantity of fluid, which has been gradually accumulating by imbibition. Here, then, we have a nucleus contained in a transparent cavity or vesicle, and forming a primitive cell. In the next place, other particles of organic matter are imbibed by the vesicle and deposited upon its internal surface, thus constituting two distinct layers. Then, as imbibition goes on, fluid is received between these two already-formed layers, and separates them from each other, as Schleiden has observed, like a watch-glass from its face, or like the cornea from the iris, by the fluid of the anterior chamber of the eyeball. In this manner we have a vesicle produced inclosing in its interior a nucleated cell, and a similar process gives origin to the essential part of the ovum.

When the structures are completed, we shall then find an ovarian vesicle with its nucleus, the germinal vesicle; which latter contains also a nucleus, the germinal spot.

In birds, in the higher reptiles, and in cartilaginous fishes, there exists but one germinal spot; but in Batrachian reptiles and in osseous fishes, there are many such spots. In mammalia, as the ovum progresses in development, the space between the ovarian ovum (ovisac of Barry) and the ovisac or Graafian vesicle gradually enlarges. In birds, on the contrary, it diminishes from the necessity for a provision of nourishment for the future embryo, and the consequent collection of vitelline granules and oil-like globules within the ovisac (Barry). This ovisac, therefore, goes on increasing in size until it bursts from the calyx, and is received by the open mouth of the oviduct. In consequence of this increase of size in the bird, the tissue between the ovisac and the calyx becomes compressed, and forms a vascular membrane under the name of discus proligerus. During the enlargement of the yolk, the germinal vesicle which was placed in the centre travels towards the surface; and by a mysterious law, to that point of the surface precisely which is nearest the extremity of the ovarian tube.

In monotremeta and marsupiata, the ovum acquires the character of that of the bird, from the existence of a large quantity of vitellus, and the consequent diminution of the exterior space. In the higher mammalia, in Man and in the Rabbit, the ova are much smaller, and the space between the ovisac and Graafian vesicle comparatively much greater. In the Rabbit, the animal in which the progressive development of the ovum has been best established, the nucleated cells or granules situated between the ovarian ovum and the ovisac (of Barry) have been found to dispose themselves in two layers; one of these forms an investment to the ovum, under the name of the tunica granulosa; the other, the internal lining of the ovisac, has been named the membrana granulosa. A third arrangement of these cells has also been observed; they form string-like bands, which become strengthened by the pralongation of vessels into them, and are attached by one extremity to the tunica granulosa, and by the other to the membrana granulosa. These strings are generally four in number, or they resolve themselves into four, and have been named by Dr. Barry retinacula ovi, on account of their function of directing and drawing the ovum from the centre towards the periphery of the ovisac; to that point of the surface whence the ovum is afterwards to escape, and probably where impregnation takes place. When the ovum bursts from the ovisac, these retinacula are carried with it into the Fallopian tube.

Certain differences are found to exist in the ovarian ovum in the various classes of animals. In the osseous fishes, where the stroma of the ovarium is sparing, and at the same time delicate and yielding, it supplies to the ovarian vesicle only a delicate investment of its own proper tissue, but another is derived from the mucous lining of the ovary. The ovum, moreover, nearly fills the cavity of the vesicle. The ovum is therefore composed in this group of the vitelline membrane, the vitellus, the germinal vesicle, and the germinal spots. In the cartilaginous fishes with their higher organisation of nervous system and generative apparatus, the stroma is compact and firm; the ovarian vesicle receives from it a more dense and resisting tunic, and the ovum approaches nearer to the higher vertebrata in possessing only a single germinal spot. The Batrachian reptiles resemble in their ova the osseous fishes, having numerous germinal spots. The higher reptiles, as the Serpents, Crocodiles, Turtles, and Tortoises, have but one germinal spot; and the ova of the two latter groups resemble birds in the larger proportion of vitellus which they contain. In birds the vitellus is most abundant, and the ovisac is connected to the ovary by means of a pedicillated calyx, as we have also seen to occur among some of the lower mammalia. In mammalia the ovisacs (of Barry) are very minute, and possess no other external covering than the tunics of the Graafian vesicle. They contain little more than the essential parts of the ovum, but these are endowed with the vital property of producing all the necessary parts of the embryo.

Fecundation.—When this function is intended to take place externally to the animal, as in fishes, the parts needful for the production of the essential constituents of the ovarian ovum, are alone present, as is illustrated in the simple ovary of the Lamprey. Most osseous fishes, it is true, have an excretory oviduct; but this is short and membranous, and incapable of adding any additional covering to the ovum. In Batrachia the ovum has to travel from the ovaria along a convoluted and lengthy oviduct, and obtains in its progress an albuminous investment, and a thin external membrane or chorion. In these animals the ova are, moreover, collected in a dilated uterine cavity previously to expulsion. In birds the ova are not discharged from the ovary until after sexual intercourse has taken place. The well-fed and well-provided fowls of our barn-yards form an exception to this rule. But this must be looked upon merely as the exception, not as the rule.

At the period of fecundation, the female fish seeks a favourable situation as a nidus in which to deposit her spawn. Into this retreat she is closely pursued by the male, frequently by two. In the latter case, amongst some genera, the most violent combats take place between the males, during which the weaker opponent is frequently driven out of the water. As the spawn is expelled by the female, the fluid of the melt is expressed by the male, and washing over the ova serves to fecundate them. It was the observation of this simple process that suggested to naturalists the idea of artificial impregnation; a process which was performed by Rusconi, and more recently

in the Salmon, with the most interesting results, by Mr. Shaw. The latter gentleman, in his excellent paper, read before the Royal Society of Edinburgh, on the Development and Growth of Salmon-Fry, makes the following remarks upon the mode of fecundation as observed by himself; by which it will be seen that it is not the cold process which we should be disposed to regard it, by following only the accounts given by other naturalists:

"On the 10th of January, 1836, I observed a female Salmon of considerable size (about 16 lbs.), and two males, of at least 25lbs., engaged in depositing their spawn. The spot which they had selected for that purpose, was a little apart from some other Salmon, which were engaged in the same process, and rather nearer the side, although still in pretty deep water. The two males kept up an incessant conflict during the whole of the day for possession of the female, and, in the course of their struggles, frequently drove each other almost ashore, and were repeatedly on the surface displaying their dorsal fins and lashing the water with their tails."

Among Batrachian reptiles the expulsion of the ova is assisted by the embraces of the male, and the ova are produced in the form of a chaplet, or of a lengthened string. In some species this embrace lasts for a period of thirty-eight days, during which time the two animals are lost to every other care, and abstain from food. Among the higher reptiles, as in the Lizard, the male is most ardent in his advances; he pursues the female with great agility, seizes her tail with his teeth, and throws her upon her side. They then entwine their tails forcibly together, which in this instance perform the office of the claspers of Serpents, and lying on their sides with the abdominal surfaces in contact, the fecundating act is performed. In the majority of birds the act is performed by eversion of the cloaca of each animal, and by the sudden contact of the two opposed surfaces, and of the papillæ of the vasa deferentia with the openings of the oviducts. In aquatic birds, where the act is performed upon the water, we have already seen that a large intromittent organ is provided. In the running birds, the Emu, the Cassowary, and the Ostrich, there is also an intromittent organ of considerable size.

Throughout mammalia a coitus occurs. In the Deer this concurrence of the sexes presents the shortest possible duration, and it is indeed marvellous to witness with what rapidity it is performed. The male makes a series of gambols and gyrations around the female, and darting suddenly towards her, the act is accomplished; its period certainly not occupying more than a quarter of a minute. As a contrast to this suddenness of completion of the fecundating act in the Deer, is the long and tedious operation in the Dog; a circumstance depending upon the peculiar conformation of the male organ in that creature. These two animals present the two extremes in the period required for the consummation of the generative act. In the Kangaroo, so close in its other analogies with the oviparous animals, the embrace is of long duration, and during this period the coitus is repeated three, four, or five times.

We now come to an inquiry the most important and mysterious involved in the phenomena of generation; the conditions requisite for the perfection of fecundation; the steps in the accomplishment of impregnation. When the physiologist considered this question only in relation with the highest animals, the subject could not have been otherwise than involved in obscurity and speculation—speculation as to whether the male fluid was brought in direct contact with ovum, or whether impregnation was effected through the medium of a hypothetic effluvium or aura; or whether, again, it was absorbed into the constitution of the individual, and thence acted upon the ovum. If, however, we take a wider and more enlarged view of all the circumstances which the phenomena present, and compare them with the corresponding function in plants; and if we also remark the close similarity, both in the production of the male organs and of the female throughout the entire animal kingdom, we shall be inclined to admit that an analogy throughout living nature may be fairly and safely acknowledged to exist.

In many animals, as we have seen, no intromission occurs; the organs capable of effecting this act, are, therefore, not essential parts of the generative apparatus. One of their very prominent uses would seem to be to confer sexual gratification, and render the fecundating act one of the most exquisite enjoyment. The existence of obstacles to the direct current of the male fluid to the ovaria, such as we see in the mechanical impediments, of the position of the os tincæ, or in the valvular vaginal processes of some ruminants, cannot be used as an argument against the occurrence of actual contact. Experiments upon animals have shown most unquestionably that, if the ovarian tubes be obliterated, no fortilisation can take place. The theory of a supposed aura was, moreover, completely destroyed by Dr. Heighton's researches; on the other hand, the clearest proof of direct contact is exhibited in the instance of reproduction among fishes; and the latest and best researches of the present day have succeeded in two instances in discovering spermatozoa upon the ovarium of the Bitch and the Rabbit; the former observation being made by Bischoff, and the latter by Dr Martin Barry. These facts would seem to imply the necessity, throughout the entire animal kingdom, of immediate contact between the moving filaments of the semen and the ovum in the ovarium.

If we inquire, what are the means by which the spermatozoa are conducted through so long and tortuous a passage? we shall find the answer, in a phenomenon which may be observed with the greatest ease. Place the mouth of a Newt beneath the field of a lens of low power, and sprinkle a little of the dust of charcoal upon the mucous membrane, the small particles will be seen travelling, by an imperceptible but continuous and definite movement, from the lips towards the gullet. This motion is produced by myriads of minute vibratile cilia, which cover every part of the mucous surface; these same microscopic organs may be seen in the oviducts of the recently-killed bird, and exist in the genital canals of all animals. It is, therefore, by the agency of these vibratile cilia, aided by the locomotive faculty, additionally possessed by the spermatozoa themselves, that their progressive course towards the ovaria is determined. On the other hand, the products of the female apparatus move in the opposite direction to those of the male, from the more central parts towards the surface, and thereby meet the fecundating principle.

The analogy borne by the generative function in the vegetable kingdom to that of the animal kingdom, has been illustrated by Hunter in a rich and beautiful collection of preparations. In these are exhibited the so-called male parts of the flower, the stamens, the anthers, with their pollen capsules; and the female parts consisting of the pericarp, including the seeds, the stigma, and the style; the style frequently contains a fine cellular tissue, and sometimes a canal, which divides at its lower part into several branches for the different compartments of the pericarp; the grains of pollen are conveyed from the anthers to the stigma, either by actual contact, through the medium of the air, or by insects; minute filaments are then developed within the pollen capsule, according to the researches of Amici, Brogniart, Brown, &c., which, by their increase in size, cause it to burst, and they are then transmitted into the loose cellular tissue or tube of the style, and pass downwards to the seeds contained within the pericarp: each seed contains a nucleus, more or less surrounded by a nutritive substance, the perisperm, and connected to the capsule by means of a filamentary organ called by the botanists the umbilical cord, but more nearly resembling the retinacula ovi of Barry. Situated at that point of the seed which is immediately in connection with one of the branched tubules of the stigma is a minute opening in the shell, which is called the microphylla; the nucleus of the seed is always situated near to this opening, and sometimes projects through it, and it is, therefore, with the nucleus that the filaments of the pollen are brought in immediate contact.

In Dr. Barry's last paper presented to the Royal Society, that gentleman records a most important and interesting observation. He states that, as the moment of fecundation arrives, the ovum approaches the surface of the ovisac, and gradually presses against it; that the germinal vesicle reaches the surface of the membrana vitelli at the same point, and the germinal spot slightly projects; at this period the zona pellucida and membrana vitelli become fissured, and a small opening is formed. It is obvious that this cannot take place without some wise intention. After remaining open for a short time, the germinal vesicle returns to the centre of the vitellus, and the opening closes. This is the point to which our knowledge of the phenomena attendant upon the fecundation of animals has at present arrived.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXXII.

The Barrière du Mont Parnasse and the Chaumière.

We will now quit the Clamart and its lifeless inmates, for the noise and revelry of the barrier *guinguettes*—a strange antithesis, yet not less varied than the wide contrasts which the life of a professional man is continually presenting. He passes from the inspection of the mangled corpse at the coroner's inquest to the social *réunion* of his friends; from the miserable cottage of the union pauper, to the gilded chamber of the wealthy patient; or from the death-bed of the loved one of the domestic circle, to the birth of the first-born of the young couple: all scenes of importance in the events of his life; and yet so inured is he to them, that the recollection of the past fades in an instant before the fresh excitement of the present. And it is as well that custom and long-continued habit has wrought this change in his nature. God help the medical man if the various distressing sights that his life is constantly passed in contemplating weighed as heavy on his heart, or left the same deep traces, as they do upon the memory of the non-professional observer.

At the southern extremity of Paris, to return to our chronicles, rearing its iron *grilles* between the Boulevard d'Enfer, and the Chaussée du Maine, is the Barrière du Mont Parnasse, towards which point Huggles, Swubs, and Okes were now journeying. Its locality is essentially French. The English mob of "weekly visitors" who swarm upon the *trottoirs* of the Rue de Rivoli, and Place Vendôme, know as much of it as a medical student in London does of the Botanical Gardens at Chelsea, and the dandelions, chickweed, and daisies, therein contained. If by chance they have heard of it, it has only been in conjunction with some other place of amusement *affiché* on the walls, "*pour les Dimanches, Lundis, et Jeudis.*" Yet does the Barrière du Mont Parnasse offer one of the strangest national sights to a foreigner that Paris can afford. On *fête* evenings, the entire length of the street beyond it is thronged with happy and well-dressed crowds; every house is the property of a *marchand de vin*, and every chamber is converted into a ball-room. The windows are all open; the shops are all gaily lighted up; delicious melons at ten sous each are lying about on the ground for sale, and the sound of the different quadrille bands, pouring forth their harmonies every ten yards, infuses a spirit of joy and hilarity through the dense throng of holiday makers.

Our friends passed through some of the streets adjoining the Odéon theatre, and entering the Rue de Vangirard, turned to the left, and found themselves in the gardens of the Luxembourg.

"There appears to be a great deal of flirtation going on here," observed Okes, perceiving a quantity of students philandering about on the benches with an equal number of *grisettes*.

"To be sure there is," replied Huggles.

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"This is the great intrigue market of Paris—at least on fine days: on wet ones the Rue St. Jacques has the preference."

"How so?" asked Swubs.

"Because it is ten to one but you carry an umbrella," answered Huggles: "and, somehow or another, the way to the hearts of all the *grisettes* lies through an umbrella."

"I don't exactly see your drift," remarked Okes.

"Why—suppose it is very wet; you are walking with your umbrella along the Rue St. Jacques, exposed to a double inundation from the rain above and the gutter below, and you see a pretty little girl crouching up out of the rain under the *porte cochère* of a house, in a terrible fright, lest the rose-coloured ribbons of her cap should be spoilt. Now what should you do?"

"Oh, I don't know," said Swubs; "let her wait until it gets fine again, I suppose."

"You'll not say that, after you have lived a short time in Paris," observed Huggles; "if you had any common gallantry, you would offer her your umbrella."

"But would she take it?" asked Okes, inwardly determining to take an umbrella himself into the Rue St. Jacques the first wet day.

"To be sure she would," replied Huggles, "and your arm too, if you presented it, saying all the time she couldn't think of doing such a thing for the world. Then you, in your turn, would talk about your own sincerity, and swear that your heart was as pure as the heavens above."

"But if it was a pouring wet day, they would be as black as ink," said Okes.

"Oh, never mind that," resumed Huggles; "chaff is all you want. You must keep *talking*—never mind how much nonsense, so long as you talk. If you make good use of your time, it is ten to one but you will get her to meet you the following Sunday at the Barrière. This is the art and mystery of catching a *grisette*; bait with an umbrella, and she's almost sure to bite.

"I see, like other fishing, it gets on best in the rain," observed Swubs, laughing. "Why, what a dissipated character you have become, Huggy. And suppose she meets you at the Barrière, what must you do?"

"Dance with her, talk to her, and treat her to gooseberry *sirop*," answered Huggles. "If you do this, and seize a happy moment to propose, she will very likely marry you."

"Do what?" exclaimed Okes, quite aghast.

"Marry you," repeated Huggles; "a Quartier Latin marriage, of course, which lasts generally about a month or six weeks. A divorce is very easily procured when you begin to find it out."

"But you don't mean to say that you really marry her?" said Swubs, with all the gravity imaginable.

"To be sure you do," replied Huggles, with equal steadiness of visage. "It is, to be sure, rather a registration sort of affair. You put a pair of new *bradequins* on her feet, perhaps, instead of a ring on her finger, and she swears eternal love and fidelity, for at least a fortnight. *Voilà tout.*"

They discoursed in this pleasant and instructive manner, as they passed through the gardens of the Luxembourg, and then turning to the right along the Boulevard du Mont Parnasse, arrived at the iron gates of the Barrière. Here, an animated scene presented itself. The entire length of the street, beyond the *grille*, was crowded with clean, well-dressed visitors, the trim white caps of the females flitting about in all directions. Sounds of music and revelry burst from the open windows of all the houses; swings and roundabouts were revolving on each side of the way, with a pertinacity that would have thrown any stomachs but French ones into a state of perpetual vomiting: images of plaster were stuck up to be shot at from cross-bows, at four shots for a sou; itinerant kitchens for the perambulating sale of *goffres* (a species of light crisp cake) and fried potatoes or pancakes sent forth enticing odours to the hungry: whilst conjurors, picture-sellers, fortune-tellers, and soldiers, completed the motley throng.

The students elbowed their way through the densely-crowded thoroughfare, and came up to the door of a handsome building, on whose front was inscribed in large letters:—"*Au salon des* 200 *couverts. Constant.*"

"This is Constant's," said Huggles, "where we will dine. It is too early yet to dance; and, besides, the rooms look better by candle-light."

They entered the large hall, and ascending one of the flights of stairs that wound round its circumference, entered one of the *cabinets particuliers* (little private rooms appropriated entirely, at Paris, to the purposes of eating, drinking, and making love). Here Huggles ordered dinner, and, whilst it was preparing, they amused themselves with looking out of the window, at the hilarious panorama below. Suddenly, Huggles darted from the room, nearly dragging off the table-cloth and all that was on it, in his anxiety to get out: and then flying down-stairs into the street, his astonished companions saw his neat French silk tile (which by the way bore as much resemblance to the *Chapeau Français* sold in London, as the villous tunic to an erectile tissue) in close approximation to a jaunty little black net cap with crimson ribbons.

"I'll be shot if he is not going to bring a woman up here," exclaimed Okes, pulling up his collars, and brushing his fingers through his hair to look imposing.

"There will not be dinner enough if he does," said the matter-of-fact Swubs. "He only ordered two portions of everything instead of three. Who the deuce is she?"

Their conjectures were cut short by Huggles entering the room with a very pretty girl on his arm, whom he formally introduced to his friends as Mademoiselle Eulalie; whereupon Okes made a polite bow, and Swubs hoped she was well, in English; after which, not knowing what to do next, they both blew their noses, and pulled the table-cloth straight.

"Do you know her?" enquired Swubs of Huggles, when the confusion of introduction had subsided.

"I should *rayther* think so," returned his friend, laying hold of the young lady's hand in a most familiar style, and patting it upon his own, which proceeding caused her to smile.

"She's not a bad-looking piece of goods," said Okes, with the air of a connoiseur in such matters.

"She has devilish good teeth," exclaimed Swubs. "Regular terro-metallics, mounted in artificial gums or fine gold, without springs, clasps or ligatures, thirty guineas, usually charged sixty."

"*Que dit-il?*" asked the girl, appealing to Huggles.

"*Que tu es bien belle, ma chère,*" was the reply.

Dinner now appeared, and the quartet took their seats at the table. Swubs discovering, to his relief, that two portions were quite sufficient for four people. Mademoiselle Eulalie did the honours with becoming grace; Huggles acted as general interpreter, and stood two bottles of champagne, and Okes getting slightly drunk, declared that there was a charm in female society that was superior to any other attractions.

"I wish to blazes" forcibly ejaculated Swubs, "that you wouldn't keep talking French so much, Huggy. It puts a stop to all conversation."

"The sooner you learn it then, the better," answered Huggles. "You won't be able to have much real lark in Paris until you do."

"*I spik Ingleesh,*" said Eulalie, divining the subject of the conversation with that strangely-intuitive perception which foreigners possess. "I spik Ingleesh: goddam, rosbif and portare."

"Well done!" exclaimed Okes, quite enchanted; "how's your mother?"

"*Yes,*" answered the *grisette*, with another pretty smile.

"Come," said Huggles, "I think it is about time to join the dancers up-stairs. Now, keep a little quiet, there's good lads, and recollect you are not at the Archery-Rooms in the New Road."

"That Whipples thought was Almack's," said Okes, laughing. "How he would open his eyes if he was here."

Huggles offered his arm to his fair friend, and Okes and Swubs, grotesquely imitating his politeness, they marched up-stairs to the ball-room.

It was a goodly scene—one that Paris alone can offer. The ball-room at Constant's is nearly the size of the saloon at Drury-Lane theatre, very tastefully fitted up with looking-glasses and drapery, and ornamented with gigantic figures of Canova's dancing girls, the Graces, the various Venuses, and other elegant statues. A row of tables and short forms run round the sides of the room, and there is also an inner range, leaving a walk round between the two rows of tables, and a large oblong space in the middle for the dancers. The orchestra, consisting of twelve or fourteen musicians, is placed in a gallery, at the side of the room. By good fortune, Huggles found a table in the inner quadrangle disengaged, and the party accordingly took their seats, ordering "*une bouteille à douze,*" such being the moderate price, in sous, of *vin ordinaire* outside the Barrière.

"*Gar' les jambes!*" cried a man, running along the room, holding a tin can of water, with a hole in it, with which Okes observed he was describing the reflexions of the peritoneum upon the floor.

"What's he doing?" asked Swubs.

"*Aux places! messieurs et dames, s'il vous plaît,*" ejaculated the master of the ceremonies at the same time.

"Watering the boards to lay the dust," replied Huggles, in answer to Swubs. "Now, I'm going to dance, but it will be very quiet here. I shall save the *Cancan* for the Chaumière. *Viens, donc, Eulalie, pour la contre-danse. On va jouer le 'Postillon de Ma'am Ablou.'*"

"*Un vis-à-vis!*" shouted a young student and his 'wife,' who stood up at the same moment.

"Here you are, my p-idgeon," cried Huggles in English, which, however, the other seemed to comprehend.

The band played a few bars of the opening quadrille, and the various sets fell into their places.

"Well, this beats all!" said Okes. "Huggles dancing a quadrille in long hair and mustachios, with a French girl! I'd give a guinea for Macarthy to see him now."

"He wouldn't know him," replied Swubs. "He'd take him for a ———," never mind what Swubs said—it meant, in polite language, a sanguinary native of the country they were sojourning in.

"Now he's off!" cried Okes. "Well, I don't exactly understand what figure they are dancing."

The style certainly was somewhat different to that we see in a London evening party, but certainly very spirited and exciting.

The quadrille proceeded, enlivened in the orchestral department by the inspiring cornet-à-piston, and, after the last figure, such a galope took place, that Swubs soon saw the advantage of laying the dust. When it had concluded, Huggles and his panting partner resumed their seats.

"I'm rather put out," said Huggles, as he finished a tumbler of wine.

"What's the row?" asked Okes.

"There's a young fellow here after Eulalie," he replied. "He was dodging her about all the quadrille, and I don't exactly know what he means."

"*O, mon Dieu! qu'il fait chaud!*" cried the *grisette*, throwing back her shawl, and discovering two of the best moulded shoulders ever formed.

"There!" said Huggles, "that's their damned coquettry. She just saw he was looking at her, and she did it on purpose."

"Where is he?" said Okes.

"Don't look," answered Huggles. "He is standing by the third looking-glass from the window — a good-looking fellow rather, with a light brown *paletot* and dark hair."

"Well, don't get in a rage, Huggy," said Swubs. "If you appear mad, the girl will see she has power over you, and be always plaguing you. Go and dance again."

They accordingly stood up for another dance, and Huggles, at its conclusion, gave his arm to Eulalie, saying to Swubs and Okes, "There will be a row to-night: you must stand by me if there is. Come to the Chaumière." ROCKET.

(To be continued.)

SIDE-SLIP FOR QUACK'S CORNER.—NO. VII.

"I say, HUM, how fares it with QUACKERY now?
Is it PRIME, is it UP, is it spooney, or HOW?"
Tom Moore Travestie.

"A QUACK! to feed like fleas on human blood!"
Smollett.

STAMMERING-QUACKS.

WE have at last found the lost sheep. Professor Sams is come to life again among our mislaid papers, and here he is *in propriâ personâ*, as large as life, and "twice as natural." We shall give the "Professor" another lift, over the *left*, to help him on his course again. The young lady, whom this *marvellous Professor* (?) advertised as cured, and from whom he took £20, and not £40, as we by incorrect information first stated, is not only as deficient of voice as when he gulled her, but, we fear, advancing towards "that bourne, from whence no traveller returns" to give an account of his journey, except so marvellous, so inventive, and so veracious an individual, as the learned Professor himself, and his bill-stickers' advertisements, and wall-chalkers' self-praises. We are surprised to find the Professor's qualifications so much more various, rich, and rare, than we first supposed. Here is Sams's prologue:—

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Letters of enquiry must be post paid.

At Mr. WELLS'S Chemist, 153, *High Street.*

SAMS'S *Universal System of Stenography*, *4th edition, is sold by* MR. WELLER. *In page 57 to 61, it is proved that a writer, using this system, would gain 4,500 characters and letters, in point of brevity and perspicuity, every hour he wrote, over two of the most eminent authors, and the same by any other. Its application to the Latin and French is also so shown. Price 5s.*

What does the learned Professor mean by the "*constipating*" of the voice? He tells, amid his "complicated" and "wonderful variety" of cases, that he has itinerated the country ten years. This is pretty smart practice, for an extract from the VOLUNTARY SCHOOL of SURGERY. Ten years a voluntary Quack—always a Quack! Why did not the Professor, if he is so expert in supplying palates, or pendulous veils of the palate, where there are none, grant the TWENTY-POUNDER, in Monmouthshire, one? She was hollow-roofed; but what did OLD SAMS do for her? Left it just as it ever was! There he left "a *very clear and harmonious*" utterance indeed; but how leave it? *In statu quo!* and the patient £20 (!) the worse! Oh, SAMS, go to the devil and shake yourself for your impudence and lying! All this tinker's sleight-of-hand is accomplished in *six-hours* lessons, for *six* days, at £3 10*s.* a lesson. He has also published his Stenography, as well as an old woman's Glossology, which, if it be as great a catch-penny as his stammering mummery and Jack-puddingisms, we need not caution the public how they buy. Mr. Yearsley, and the *regular* cut-throats, have a dangerous rival indeed in Sams; and we are told that, when he is not prowling about the country, like a wolf in sheep's clothing, seeking whom he can devour, the "various, complicated, and constipated" Professor Sams hangs out in London, where he invited the young lady from the Anglo-Welch country, to take up her lodging with his wife, and practise Sams's speechification system, his Old Woman's Glossology, and the Flats' Stenography.

QUACK AND PURE OCULISTS—(*continued.*)

Twenty years ago, and long before we saw Dr. Farre's conclusive observations and facts, we published many communications, which went to show that EXCLUSIVE oculists are works of supererogation, and that those who have gone through a regular, general, and professional education, before they take in the subdivision of the eye and ear, are in reality the most proper and best qualified persons for to make efficient oculists and aurists. We have been, before now, finely abused for all this; we have heard a great deal of blustering humbug about the "antiquity" of oculists and aurists, &c., about the "necessity of the division of labour;" whereas every man of common sense feels that there is no necessity whatever for any such subdivisions as these at all. These are not the legitimate results of the division of labour; but they are the results of overcompetition, and the beggaring-down of the profession, which puts adventurers upon strange, and often quackish shifts, to get an existence;—but more of this anon. Indeed, the man who confines his exclusive attention to a single organ, its anatomy, physiology, and diseases, may make a dexterous handicraftsman, but he exposes himself continually, by his PURE and exclusive IGNORANCE of every other part of the animal economy, of which we have had abundant examples. There can be no stronger practical proof of this truth, than the law of France, which compels every man, on sentence of fine and imprisonment, to desist from these or other subdivisions, until he has received the general and professional education of every regularly-qualified and licensed physician and surgeon. This same law will be proposed in the new Profession Bill. The voluntary system of old must be put a total stop to.

We shall pass on in our next strictures to the AURIST; and, in that preserve of game, we shall find plenty of good sport for our strong swan-quill.

FUSCUS-RIGDUM-FUNNIDOS, M.D.
Quack's Corner, July 22, 1841.

TO CORRESPONDENTS.

TO OUR READERS.—*The following error has been made in the figures of the article on "Dear and scarce Corn," in the* MEDICAL TIMES *of July 17. The passage runs thus: "When the people of this locality say they should like the permanent price of grain to be 10s., according to the ten gallon measure, they mean 8s. as we understand, according to the imperial measure of eight gallons,* the corn being 1*s.* 6*d.* per gallon." *Now, instead of* 1*s.* 6*d.*, *we meant* 1*s.* only *per gallon, which is really what the land-owners, farmers, and labourers, desire as a fixed and medium price, which they think would suit all parties; but corn, of course, must fetch its level in price, like all other articles, according to the laws of supply and demand. The Anglo-Welch ten gallon measure contains* 80 *pounds of corn, by "dry weight;" the imperial or eight gallon measure,* 64 *pounds by dry weight. But wheat is now rarely so sold by weight."*—ED.

THE MEDICAL TIMES.

THE EFFECTS OF SCARCE AND HIGH-PRICED CORN AND PROVISIONS ON NATIONAL MORTALITY, ETC.

(Continued.)

Go to the scanty and fallen-off markets of your country towns. Go where you can find the society and habitations of men, as country physicians do, and we declare that we never witnessed, even in the dark days of 1831, darkened all over Britain, as they were by the panic of 1826, so rueful a change in the countenances and manners, habits and feelings of men, as we have witnessed these last three years, in consequence of the wretched and overwhelming pecuniary disasters of 1838.

It has been stated by one great authority on Political Economy,—we think Mr. Alison,—that SIX MILLIONS OF GOLD left the country to PURCHASE FOREIGN CORN in 1838, and the evil impression made on this country was such as "would never be forgotten by the present generation, or within the memory of man. Besides this amount, one or two

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millions have gone out regularly to purchase warehoused corn, and been withdrawn from the deficient circulation and capital of this country. Nor is this all the ways in which the real money of the country has been contracted in its amount and circulation, and created horrible embarrassment and distress. Much has been locked up in the Railways also. Sir Harford Brydges Jones, near Presteign, in a pamphlet, entitled "*Every Man's Concern*," just now circulated, declares on the authority of the "*Examiner*" and its calculations, that "TEN MILLIONS of quarters of Foreign Corn and Flour have been imported," that "THIRTY MILLIONS, mostly in gold and silver, have been withdrawn suddenly from the circulation of the country, and produced a derangement, almost amounting to a National Bankruptcy. We have a declining revenue, stagnant manufactures, and a failing commerce, all produced by the Corn Laws!!!" p. 11. Mr. M'Culloch states:—"that no fewer than 9,299,114 quarters of wheat were imported under the existing law, down to the 5th of January, 1840," which confirms the above statement. p. 31. With respect to the going out of the gold, he says: "Had it been necessary, in 1835 and 1836, to make the same payments for foreign corn we had to make in 1830 and 1831, and in 1838 and 1839, the BANK OF ENGLAND *must* have *stopped payment!!*" We could cite much more comparative information on this frightful subject; but we have neither room nor time to pursue the horrible enquiry as to the result of that gold going abroad which ought to be spent at home among ourselves.

Among professional, mercantile, and commercial men, and even among the moderate and embarrassed farmers, all former life and animal spirits are changed from tranquillity and content, to unhappiness and discontent, to perfect dereliction of their former cheerful habits and feelings. They despair of the future recovery and resources of the country; they despair even of the efficacy of economy and frugality; for they behold the "beginning of the end," they behold the climax of twenty years' *fluctuations* and *reverses;* they know the results of BAD Government for sixty years before that; for Junius of old, and Lord Grey in 1830, told them the *true* causes. They know verily, that the mischief done, and the difficulties incurred, both natural and artificial, can never be got over for any certainty, or length of time, by any system of speculative policy or political delusion. England is no longer MERRY England: every brow burns, every heart is heavy from a troubled breast and weary wandering feet. The benevolent and liberal passions are weakening; the cheerful, social, hospitable qualities are also disappearing; restlessness, moroseness, reserve and inflection or introversion of the mind, are observable to be working in inextricable perplexity and doubt as to the future, and about "what they can do to be saved."

The chartists, among the lower classes, swarm in secret, and there,—

"From Discontent grows Treason;
And on the stalk of Treason, Death;
For tyrants swim safest in a crimson flood."

The oligarch alone rejoices; HE knows that all the money and property of the country,—as Cobbett augured,—must sink at last into the pockets of the landowners and highly beneficed clergy. The monopolists and gentlemen farmers smile also, for the times, they say, were *never so good;* they will overcompete and expel the moderate farmers; they will consolidate and monopolise farms, by turning three to five farms into one, leased to their own sons, and re-act the old tragedy of Goldsmith's "Deserted Village." *We hope they may have it.* They also contemplate the reducing of the labourer's wages one-half, that is, to the standard of the continent. The prediction of the following lines has long since been fulfilled:—

"Princes and Lords may flourish or may fade;
A *breath* can make *them, as a breath* has made:
But a *bold* peasantry, their country's pride,
When once destroyed, can never be supplied."

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 2.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

THE REAL and practical advantages of all old institutions include what is worth preserving, and, at the same time, liberate the profession from all their inabilities and abuses, by excluding whatsoever has worked for evil. We respect nothing merely because it is old, and originated in periods of monkish barbarism, and olden ignorance; but we wish to have nothing rejected, whether old or new, which we can preserve from our institutions at home, or gather from examples abroad, that can tend to a useful end. We reject not everything foreign, from national vanity and prejudice. The general principles on which we purpose to proceed are these:—

We are open at all times to receive and consider those practical suggestions which long experience and rooted conviction may show to be wanting and fitting.

1. Our object is—professional and private justice, and public utility. In compliance with this feeling, we wish to ensure protection to the Regular Profession, and security and safety to the public; the latter, according to the entire results of all medical evidence, having proved to be incapable, by reason of the natural credulity, ignorance, and prejudice of man, of protecting itself.

2. Our views in Medical Legislation, as in private practice, are as those of ECLECTICS in both. We wish to make voluntary choice of what is right, and reject what is wrong.

3. There ever exists in the public mind a natural perception to discover truth and detect falsehood; and a natural bias which ever inclines them towards the former; and this spirit we shall cherish and foster.

4. We wish Medical Reform to be founded on the pure and unerring principles of private right, and public utility, without injurious bearing. We know that the interests of the public, of the profession, and the individuals composing it, will be all secured and confirmed; the public will be supplied with better medical attendants who will be secured in their rights and just privileges; and there can be no doubt the general science of medicine will be proportionably improved [*not before it wants it*] by the REFORM we shall propose next week.

5. By a proper Reform, no private right will be violated, while every end of public utility will be fully and effectually served. It will not consist of those partial provisions, which, originating from factious and interested men, impose an inevitable necessity on the public for evading them. The NEW REFORM will not be derived from men to whose self-exalting policy every principle of right and equity has been made to yield, and who, by their uniform ardour to grasp at inordinate authority, induce more than suspicion that, if acquired, it would be exercised less with a view to the public welfare and advantage than to their own exclusive aggrandisement and emolument.

6. After all that we have said and written, the simplicity of the system we are about to propose, and the facility with which it can be put into immediate execution, are strong recommendatory features; for all the materials already exist, and require only the plastic hand of a wise and enlightened legislature to mould them into perfect symmetry of proportions.

7. We have a well-founded confidence and expectation from Lord Melbourne's early support, as the Hon. George Lamb, of the Reform Cause and Select Committe of 1834, and from the wisdom and liberality of the present Legislature, and the patriotism of many Ministers of the Crown, as well as the forbearance of the Conservative party, who did all they could to facilitate the enquiries of 1834, in a candid spirit, that we shall be able to carry through the measure, unless some unforeseen change of Government should ensue. The Honourable Henry Warburton, Mr. George Lamb (now Lord Melbourne and Prime Minister) and many Liberal Members, appeared to take a lively interest in this particular inquiry. At this moment, the results of the elections indicates the certainty of a new Conservative Ministry, with Sir Robert Peel at the head. He was member of the Select Committee of 1834, and the Profession depends now on him for REFORM and JUSTICE.

8. We must rouse the public attention, if required; interest its feelings, if possible; and inform its judgment, if wrong. We must not rest satisfied with any ordination short of a RADICAL and EFFECTUAL REFORM. We must awaken our Legislature in both Houses to a knowledge of the Question, and a proper sense of their duties. They must not remain in ignorance.

9. We emphatically pray all physicians t

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retain a just sense of their own dignity and importance, and not barter their rights for any concession the weakened Colleges and Corporations may be now too ready to hold out to them, and that they will contribute all they can with the more respectable surgeons and general practisers, to render this salutary and much wanted Reform, a matter of certainty. That arts will be practised, concessions offered, and allurements held out, in order to weaken that opposition which has sprung up to a formidable height, cannot be doubted, and is already manifested. We shall keep our eyes on Apostacy.

10. It is quite clear that the prejudices of close self-elect, self-legislating, and irresponsible bodies in favour of the existing order of things, can have little more weight in continuing a state of things adverse to the general interests of society and particular interests of the profession. We can have no doubt of their dispositions to make their own well-being a paramount consideration over every other; of their disregard to every principle which ought to regulate their policy and public conduct; and of their consequent unfitness for regulating the medical profession, so as to ensure from it consequences beneficial to mankind. We have no doubt they will shew a great deal of offended pride and jealousy, which must not be regarded. The very insufficiency of these bodies calls loudly for reform; we have proved them to be unequal to the purposes for which alone they exist, and another and more effective system should be constituted in place and despite of them. We have already demonstrated in twenty leading articles, the proper form in which they should hereafter exist. (*See articles on Colleges and Corporations.*)

11. We shall shew the only system that can supply adequately the wants of the public, and provide competent practitioners for our public hospitals, infirmaries, and dispensaries; for the army, navy, and other public medical employments; and we shall prove incontestably that such a constitution is perfectly consistent with both the great principles of regard to PRIVATE RIGHT and PUBLIC UTILITY. Without the public concurrence and co-operation, and reasonable views, no general reform can ever, in any instance, be accomplished; and propositions, affecting an operation independently of the public will, must be founded in weakness, and must lead eventually to inevitable disappointment.

12. As for any wisdom or liberality of conduct on the part of the close bodies, our knowledge of mankind, and especially of mankind associated in CORPORATIONS and COLLEGES, forbids us to admit any such belief; and except that prudential considerations may have the effect of averting the last extremity of corruption, we much rather expect a return of the profession to its original barbarism, or some worse condition. We see not in the present system any powers adequate to arrest the rapidly-extending corruption and deterioration of the profession, or averting that doom from it, which is both possible and probable. We shall, therefore, do all we can to obstruct and annihilate whatsoever sacrifices the rights and interests of the MANY to those of the FEW, for the rights of the former are greater than those of the latter; and also to open the road to advancement to the profession at large, by natural, not artificial distinctions. That those may find it, who most deserve it by their merit and industry.

13. The realisation of that system, which we shall point out would leave us little to desire.

14. We shall give no heed to those whose object it is to divert or prevent the reformer from every step towards reform and improvement.

CORRESPONDENCE.

To the Editor of the "Medical Times."

SIR,—In last week's sketch, the printer's devil played tricks with its sense and meaning; and, by transposing one sentence, and fusing two and three into one, he produced a compound of so complicated a nature that it could be hardly understood. That the manuscript may have done the mischief—may have been more the culprit than the aforesaid important and formidable personage, I willingly admit.

I left off with Dr. M. Hall's obtaining the long sought for, much coveted honour of being a "Fellow of the College of Physicians." I intended to have reminded them of his bitter tirade against that body, in the ever-memorable oration, in which he quoted the concurrent testimony of the celebrated Dr. Wells, who had arrived at the very obvious deduction, and described them as "drones, dolts, and donkeys," and that the honour of incorporation with such animals was very problematical, and remarked in the gentlest strains upon his consistency in castigating Lawrence for having fallen from his high estate, and having been seduced into the irresponsible council of the College of Surgeons, and now he *himself* accepts as a favour, not as *a right*, the fellowship of the College that he denounced and ridiculed, and imitated the very conduct and example of the man whom he stepped out of the record to censure and condemn; his race as a reformer is at an end; he now belongs to the "order" which he abused; he is a pillar, although a poor one, of the edifice which he sought to overthrow; his interests—his sympathies—are aristocratic. When the shame of secession is forgotten, he will become like all brawling radicals who are raised from a lowly station; he will degenerate into a zealous champion of these unjust distinctions which, unpossessed of, he sought to destroy; and what he affected to despise, and with an earnestness proportional to his former envy and hate, he will endeavour to defend. All *parvenus* are the most arbitrary and exclusive. The fiercest foes of liberalism and of reform are the lately-admitted licentiates, as the greatest tyrants are manumitted slaves.

The editor of the Lancet, foreseeing the consequence of the plunge he was about to take, with friendly warning, tried to drag him from the precipice. His vanity led him on to suppose that a fellow of a privileged class, might enjoy the confidence, and support and play the part of standard-bearer to the profession. Preposterous idea! If we be allowed to compare great things to small, O'Connell might as well hope that he would, as a peer of the realm, possess his present unparalleled popularity, as the tribune, the advocate, of the people.

I some time ago described him as an irritable, vain man: the perseverance with which he struggled to force an impression of his self-importance, had such an effect upon a plain-spoken Irishman, that he addressed him *thus*:—"By my conscience," said he, with a thick and mellifluous brogue, "you are a much exaggerated man; I thought a great deal of you until I came close to you, and then you reminded me of the Kerry cows, that are described as having very long horns, but when you come near them, you find them very short stumps." In my estimate of his character, I find a marked coincidence in the opinions expressed by the *British and Foreig Review* of the present month:—"Dr. M. Hall vents bitter accusations of ignorance, prejudice, and wilful misrepresentations, and all sorts of unworthy motives, against the supposed authors of our reviews. He taunts us with changing our opinions. In reply, we state that such a taunt comes with an ill grace from one whose great source of complaint against others is, that they will not change theirs, and who has so continually modified his own during the last few years." He considered the medulla oblongata as the primum mobile of the respiratory movements; and in a late memoir, announced as a new discovery, what was essentially the opinion of Whytt, that they are occasioned by a stimulus conveyed to the nervous centres, chiefly by the par vagum. His countless manifestations of a fretfulness unworthy of the weakest mind, by an impatience of free criticism, carried even to ridiculous excess, and such round and frequent assertions of his own merit, as cannot but stamp him with the character of obtrusive and extravagant vanity, as long as his book is continued to be perused.

I now dismiss the fellow, regretting that he obliged me to be so severe. I spoke of him in his official capacity as delegate. I invaded not the sanctuary of private life. He has himself to blame. Inoffensive and gentlemanly demeanour is within the reach of every *man*; when he forgets it, he must submit to the penalty which is his *due*:

> "To wilful men,
> The injuries that they themselves procure,
> Must be their schoolmasters."—KING LEAR.—ACT II.

Genius may be occasionally erratic or eccentric; it still may command *our* fealty and allegiance; but mediocrity, when it assumes its vices without its virtues, is insufferable. The homage which he endeavoured to exact first provoked my ire. The unamiable, the waspish pugnacity with which he defended the clique, in the violation of the rules and regulations, created dislike. I could not help, when holding audience with my reflections, thinking that the truly great man, the man of science, does not stoop to be swayed with the weakness and passions of little minds. The giant does not try to invest himself with the habiliments of the dwarfs. Nor is he always engaged in inglorious strife. He stands upon the towering pinnacle which his own worth has raised, his mind purified, exalted, refined, by the chastening the influence of philosophy.

> "Patient of contradiction as a child,
> Affable, humble, diffident and mild!
> Such was Sir Isaac, and such Boyle and Locke,
> Your blund'rer was sturdy as a rock,
> The creature is too sure to kick and bite.
> A muleteer's the man to set him right."—*Cowper.*

Which of the pictures that the poet drew applies to you? Which would you be most anxious to deserve? I do not rank you with either. You are, dear Doctor, as far from one as the other. Your persevering scientific industry and observation I do not disparage; I, on the contrary, admire and value; and I will go so far as to express a hope that you are sincere in the belief that you can effect good in the camp of the enemy. If you only *try* and *even fail*, you shall have my "peppercorn of praise," not niggardly, but warmly bestowed, with a receipt in full, and forgiveness of the past. You will have proved the admonitions of your friend of the *Lancet* needless, and my anticipations and predictions incorrect. I will bid you adieu, with this remark, that most men agree with Horace, when he said—

> "Odi accipetrem qui semper vivit in armis;"

and trust you will endeavour to be more conciliatory and agreeable in future.

I now turn, Sir, with pleasure from persons to principles—from men to measures. I cannot but congratulate you upon the announcement of the establishment of the Central Medical Reform Association. The truths which it has enunciated in its opening address; the vigorous and scalping exposition of the abuses and misuses of the British Medical Association; the arrogance and assumption of its council, that tried to constitute an oligarchy to dictate terms to the faculty; the misappropriation of the money of the members, of which, by-the-bye, I furnished very seasonable and opportune illustrations—that part of the address is too good not to give it as I read it from a morning journal; to the editor of which

ournal, the *Morning Advertiser*, the profession is largely *indebted*, not only for the readiness with which he gave insertion to this admirable, this sensible, this practical document, but for the many able and argumentative articles in favour of medical reform, and the free, and just, and prophetic criticism upon the ill-judged proceedings of the Association at its commencement.

We have also reason to felicitate ourselves upon the fact that at the head of the administration of that public-spirited paper, we have a physician of great literary and scientific attainments, and the public the benefit of possessing an instructor—a finger-post to point and direct the way to the attainment of the social happiness and political independence to which they are entitled, whose acquirements and endowments are as great as his integrity is incorruptible, as his honour is unimpeachable. Would that we had more such as he.

The wise, just, and moderate views which are eloquently expressed, will find an echo in the breast of every reflecting man in the profession, while, on the contrary, I fearlessly assert that there are not twenty men in the British Medical Association, who would sincerely support or sanction the *One Faculty* scheme.

How severe this reproof must be to those who have usurped all the management of this Society. "The members charge them with moderating their energies, wasting their time, their money, in hopeless and unattainable objects. Four years have now elapsed since the question has, by the foolish and insane advocacy of a theory unsupported by experiment, and never tried in this country, and totally unsuited to the exigencies and various interests of the Profession, retrograded rather than advanced, and certainly strengthened the power of the corporations and the monopolists." The great provincial Medical Association, with fourteen hundred members of great scientific attainment and influence, after duly and dispassionately considering the question in all its bearings, are of opinion that the rash and sweeping annihilation of all existing institutions, would be highly detrimental to the great body of medical practitioners.

The pamphlets which have appeared, the discussion which has taken place upon this subject, have tended to the diffusion of juster and sounder views. The necessity of some remedy for the grievances complained of are admitted, as the address very properly observes in the equally-balanced state of parties, or rather we may say with a greater preponderance of Conservatives in the House of Commons, any extreme or destructive measure (even a *reform* measure) would be received with great coolness.

Sir Frederick Pollock stated, then, that the division of the Medical Profession into the several departments of the Physician, Surgeon, and the Apothecary, has been created by the public itself, and will continue to exist, notwithstanding any attempt which may be made to unite the functions of the three into one; and so the great majority of the three orders would declare, if canvassed to-morrow. We do not think so, however; but on grounds of expediency, of prudence, and good policy, upon the simple instalment of principle, we are content to accept the representative system in each of the licentiates of the different corporations, and trust to its workings, and to the improved intelligence and more healthy state of the public, to, in time, abolish absurd and artificial distinctions, and make merit alone, or great acquirement, the test of distinction.

This address was not published in the "*Lancet*;" they were not willing that the principles which it recommends should meet the eye of the profession.—They want to palm upon the public the *Burn* Medical Association as the Oracle,—"the Profession itself," on the three tailors, 9, Tooley-street, fashion. This obsequious and obedient body passively obeys its mandates; and the Lancet, Burke, Themistocles, can say,—the Association rules the Profession, and we rule *it*. This plan is useful in a variety of ways,—is made subservient to many ends. The creatures,—the tools that intrigue for its conductorship,—are of the species *spaniel*, and must not think or give tongue without permission. I have, however, gone too far upon your *space already*. I resume in your next this subject, and shall give a sketch of Webster and David'son, the Scotch Siamese twins.

PROBE.

UNIVERSITY COLLEGE HOSPITAL.

RUPTURE OF THE BLADDER FROM RETENTION OF URINE.

J. D., aged 70, was admitted on May 17, under the care of Mr. Liston. He came into the hospital at ten, A.M., on account of a slight transverse wound of the throat, which he had made with the intention of destroying himself. He assigned as a reason for this proceeding, that he had not passed any water since the 14th, although several attempts had been made to pass the catheter by a surgeon. On examination, Mr. Taylor, the house-surgeon, found the bladder greatly distended, and reaching nearly to the navel, with extreme pain on pressure; but the pain was restricted, or nearly so, to the hypogastrium. On farther inquiry it appeared that he had had stricture for several years, but had never before experienced a complete stoppage. Mr. Taylor immediately passed a No. 5 catheter, and met with a striature three or four inches from the orifice; from eight to nine ounces of turbid urine followed. The pain and tenderness, however, continued without any relief, and at four, P.M., it was first remarked that there was increased fulness of the hypogastrium, with tension and acute pain on pressure extending to the general surface and sides of the abdomen. Eighteen leeches were ordered to the hypogastrium, to be followed by hot fomentations; and as the bowels had been confined, ten grains of calomel, followed by half an ounce of castor-oil, were administered.

7, P.M. The swelling and tension not at all relieved; tenderness somewhat increased; pulse full, 110; great thirst. He was bled to twenty ounces, and a fresh supply of leeches were ordered to the abdomen; five grains of calomel, and five grains of Dover's powder every four hours.

May 18. Passed a restless night; has vomited some bilious matter this morning; pain and tenderness much aggravated, and patient's appearance greatly altered; is affected with clammy sweats; his respiration is hurried, and there is a loud sonorous rattle over the whole chest. Bowels were freely opened during the night.

9 P.M. As little urine had been observed to pass since the introduction of the catheter, that instrument was again introduced. Not a drop of urine followed.

19. Patient is rapidly sinking, is quite unconscious. Died at five, P.M.

After-death Appearances.

The examination was made twenty-four hours after death.

Abdomen.—The parietal portion of peritoneum anteriorly in a state of intense inflammation, being nearly of a black hue; this appearance extended above the umbilicus. Considerable effusion of dark and turgid serum into the cavity, having no ammoniacal smell. Intestines, omentum, and mesentery, also much injured. On displaying the bladder, which was contracted, its serous covering was found intensely inflamed and adherent posteriorly to the rectum. On removing the serous tunic, the cellular tissue around and beneath was found to be infiltrated with bloody serum, having a strongly-urinous odour; the cellular membrane broke down readily under the fingers.

The infiltration has extended throughout the pelvis reaching nearly to the kidneys. The whole of the urinary organs were now removed, together with the symphysis pubis.

As rupture of the bladder was evident, air was forced into it by the ureter, and found to escape at the back part where the serous coat was bulged out into a pouch. On laying it open, about two ounces of thick urine, and a small calculus about the size of a peppercorn, escaped. The mucous membrane was pale, but much sacculated, forming several small cysts between the fasciculated muscular coat. Posteriorly there was a round sloughy patch of the size of a shilling, communicating by a small aperture with the external cellular membrane, which was also in a sloughy state. The neck of the bladder presented a fringe of warty caruncles over the uvula. There was slight enlargement of the middle lobe of the prostate. On laying open the urethra, at the situation of the stricture, there was found to be a warty thickening of the mucous membrane about an inch in extent. The kidneys were pale and flabby, with a slight appearance of granular degeneration.

Thorax.—The lungs were congested posteriorly, with signs of intense bronchitis.

Heart enlarged and flaccid, with ossific deposit at the base of the mitral and aortic valves.

KING'S COLLEGE HOSPITAL.

GANGRENE OF THE LUNG.—USE OF CHLORIDE OF LIME.

J. MURPHY, aged thirty, an Irish labourer, who had but lately arrived in London, and had experienced great privations, was admitted on the 16th of December, 1840, into Sutherland Ward, under the care of Dr. Todd. The patient stated that he had two attacks of fever two years back, since which time he has been healthy, until nine weeks ago. He was then attacked with a short cough, and on one occasion expectorated some blood. The cough was increased by a cold, caught after throwing off a flannel, which he was in the habit of wearing, and by working in a draught of cold air. At this time he began to spit some pellets of green matter, and has continued to do so ever since. About a week ago he says he spat up as much as three pints of light-coloured blood, and since that time has continued to spit up smaller quantities daily.

He is much enfeebled by the loss of blood; his face and lips are pale, exsanguine, and of a leaden hue: he has constant cough, but the respiration is not difficult. He complains of soreness in his chest; he says he is much emaciated since his illness commenced; tongue pale and moist; complains of thirst; appetite good; pulse 80, small; bowels open. One grain of acetate of lead, and a quarter of a grain of opium, to be taken in the form of a pill, every four hours.

On the following day he was first seen by Dr. Todd. He continues to expectorate large quantities of blood, with much thick tenacious mucus. Auscultation indicated a fulness of respiration on the right side, without any modification of voice or cough. His pulse is 80, small; *there is extreme fœtor of the breath*. This symptom led Dr. Todd at once to suspect incipient gangrene of the lung, although the physical signs did not very precisely indicate its seat. He was cupped on the chest to six ounces, and was ordered one-sixth of a grain of tartar emetic every four hours.

18. Cough worse; passed a very bad night, owing to the violence of the cough; expectorates a large quantity of frothy mucus mixed with blood. The fœtor of the breath is extremely great. To have a draught consisting of half a drachm of liquor of chloride of lime; nine drachms of camphor mixture; and one drachm of simple syrup, every six hours. The tartarised antimony to be omitted. He was directed likewise to inhale from the solution of chloride of lime.

19. Cough continues very troublesome, with abundant expectoration of blood, and a dirty, fœtid mucus. The fœtor of the breath has been considerably corrected by the chloride of lime and the chlorine inhalations, and now is not received in ordinary respiration, but becomes very perceptible whenever the patient coughs. Pulse 120, small; respirations 24; lies on his back or left side; complains of a weight in the chest behind the sternum, but is free from pain. In the supra and infra-spinal fossa of the right side, some gurgling and tubular breathing is heard; neither voice nor cough are altered; bowels slightly relaxed. To have the following draught every six hours:—One drachm of solution of chloride of lime; nine drachms of camphor mixture; simple syrup a drachm; and twelve minims of tincture of opium. To have six ounces of wine and a chop daily.

22. Cough very troublesome; fœtor of breath much less; expectoration the same, both as to quantity and quality, but is very fœtid; pulse 84; tongue moist and clean; appetite good; sweats profusely towards the morning. Dr. Todd now gave the diagnosis, a gangrenous cavity in the inferior part of the upper, or in the middle lobe of the right lung, consequent upon a pulmonary apoplexy.

27. The sweats are colliquative. Three days ago he spat blood again: he looks very pale and haggard. The chlorine does not seem to correct the fœtor of

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his breath, which is now most offensive to all who come near his bed, and occasionally to the other patients in the ward: the expectoration has assumed a dirty-yellow colour, as if it were mixed with pus, and is very fœtid. Posteriorly on the right side, in the scapular region, gurgling is heard during inspiration, and a blowing during respiration; there is a slight bronchophony; pulse 100; great weakness and emaciation; face hippocratic; a pint of porter daily.

Jan. 5. Diarrhœa supervened six days ago, which is very profuse, and has resisted the usual astringent remedies. Expectoration purulent; breath very fœtid.

10. The continuance of the profuse sweats, copious expectoration, and colliquative diarrhœa, completely exhausted him, and he died this morning.

Upon examination, it was found that two cavities existed in the lungs; one in the centre of the middle lobe, nearer to its posterior than its anterior surface, and the other in the lower part of the superior lobe: the fissure was obliterated by lymph, which glued the two lobes together. Each cavity contained a black, fœtid slough, with some dirty purulent matter. The pulmonary substance, for a little distance around each cavity, was in the state of grey hepatisation. In the left lung there was a spot of grey hepatisation, corresponding exactly in situation to that of the superior cavity of the right lung.

Dr. Todd remarked, that the order of the morbid processes appeared to have been, first, a chronic inflammatory condition either of the bronchial membrane or of the pulmonary tissue; secondly, pulmonary apoplexy, as evinced by the copious hæmoptysis; and thirdly, gangrene of the lung. The treatment by chloride of lime was adopted in conformity with a suggestion first proposed by Dr. Stokes; and it was so far successful as to remove for a time, to a great extent, the offensive fœtor of the breath, which consituted at once the most distressing and the most characteristic feature of the disease.

ST. GEORGE'S HOSPITAL.

CASE OF RUPTURE OF THE INTESTINE OCCURRING DURING THE TAXIS EMPLOYED FOR THE REDUCTION OF AN INCARCERATED HERNIA.

Elizabeth Rivett, ætat 55, admitted June 16, 1841, under the care of Dr. Wilson, with palpitation, loss of appetite, and other dyspeptic symptoms: these were relieved by hydrocyanic acid and mild tonics, and she was to have left the hospital on Wednesday, the 7th of July.

On Sunday, the 4th instant., at ten, A. M., she requested the house-surgeon, Mr. Lee, to reduce a left femoral hernia, which had resisted her own attempts during the previous hour. She was placed immediately in a warm bath, when, without any immoderate pressure, the bowel appeared to return with a gurgling noise into the abdomen. Not many minutes had elapsed before she began to complain of pain over the whole abdominal region; her face became flushed, and her pulse greatly accelerated, indicating about 90.

At two, P. M., Mr. Cæsar Hawkins saw her, and found a small hernia, about the size of a walnut, in the left femoral region, and also an umbilical hernia. When touched, neither appeared tense or more painful than the other part of the abdomen, which was acutely sensible to pressure. She complained of some retching and nausea, but had not brought anything off her stomach. Pulse 100, somewhat sharp. In order to ascertain for certain whether the bowel was or was not obstructed in the sac, she was ordered eight grains of calomel, to be taken immediately, and an injection, containing an ounce of castor-oil in three pints of decoction of barley. Half an ounce of castor-oil, with four drops of the tincture of opium, to be administered two hours after the preceding remedies, if necessary.

Six, P.M. Only a small part of the injection had come away. She still suffers great pain over the whole abdomen. Pulse 120, more sharp. Bleeding to ten ounces, not buffed or cupped, calomel two grains; powder of opium, one-sixth of a grain: to be taken every two hours.

Ten, P.M. Has taken two powders without a relief from the bowels; very restless and anxious; pulse reduced to 110, by the bleeding. Calomel, ten grains: to be taken immediately. Eighteen leeches to the abdomen.

July 5. The severity of the pain had entirely prevented sleep; countenance pallid, and bedewed with perspiration; the bowels have not yet been open; great pain and distention of the abdomen; the sac in the femoral region not tense, but apparently containing air; much worse.

One, P.M. At a consultation of the surgeons an operation was resolved upon, in order to examine the state of the bowel.

Operation, half-past one, P. M. Mr. Hawkins made a longitudinal incision over the tumour, and the hernial sac was exposed by dissection; this was found to be considerably thickened. A small opening was made in the sac, when about four ounces of peritoneal fluid with some air escaped. Nothing was found in it. A hernia-knife was now used to divide the seat of the stricture, and the finger introduced into the abdominal cavity; immediately, air and fæces followed their withdrawal. The case was now no longer doubtful; a piece of oiled lint was placed in the wound, and the patient left to her fate, or to the slight chance of recovering with an artificial anus after the operation. The symptoms not being relieved, died at eleven, P. M. Some fæces escaped from the wound.

Post-mortem Appearances Thirteen Hours after Death.—Body well developed.

Thorax.—Lungs perfectly healthy; pericardium and heart without any perceptible signs of disease.

Abdomen.—Upon opening this cavity, the parietal and visceral peritoneum was found to be very vascular. The convolutions of the intestines were glued together by recently-effused lymph. Posteriorly the intestines were in contact with a large quantity of fæcal fluid; and here a much greater degree of vascularity was observed than elsewhere. The fæcal fluid, after minute examination, was found to have exuded out of a circular opening in the ileum: its edges were round, and an ulcer had evidently been formed some time previously to her death in this spot. The opening did not correspond, by an inch or two, with the strictured portion of the sac. At the lower part of the abdomen lymph had been effused, so as to form a kind of pouch, in which fæcal fluid, the residue of that which escaped during the operation, was contained. The other organs were not examined. It is probable that if the ruptured portion of the intestine had remained, as is sometimes the case, in the sac, the operation might have been attended with more success; but, as it was, the retraction of the intestine after the reduction caused a general diffusion of irritating matter, and thereby nature's efforts to confine the mischief were rendered useless.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 17th July, 1841:—

Epidemic, Endemic, and contagious diseases	110
Diseases of the brain, nerves, and senses	168
Diseases of the lungs, and other organs of respiration	234
Diseases of the heart and blood-vessels	13
Diseases of the stomach, liver, and other organs of digestion	47
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	6
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	96
Old age, or natural decay	42
Deaths by violence, privation, or intemperance	24
Causes not specified	15
Deaths from all causes	761

Dr. Birkbeck.—The friends and admirers of Dr. Birkbeck have it in contemplation to offer him some testimonial of their gratitude for his valuable services in founding Mechanics' and other Institutions for the advancement of knowledge.

Royal College of Surgeons, London.—Mr. Bransby Blake Cooper has been elected Professor of Surgery, Mr. Frederick Tyrrell having resigned in consequence of an impaired state of health.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—FIRST EXAMINATION.—1841.

Monday, July 5th.—Morning, 10 to 1.

ANATOMY AND PHYSIOLOGY.

Examiners, Mr. Kiernan and Prof. Sharpey.

1. Describe briefly the atlas and vertebra dentata, the mode of ossification of these bones, and their articulations with each other and with the skull. State the movements of which the joints in question are susceptible, and the muscles by which they are effected.

2. Describe the dissection required to show the course and distribution of the axillary artery; mentioning the parts cut through or exposed in the order they are met with, and describing the artery and its branches with their relations to the adjacent parts.

3. The skin being removed to the extent of four inches above, and to the same extent below the knee, at the posterior surface of the limb, describe the parts brought into view in the order in which they present themselves in proceeding with the dissection from the integuments to the bones.

4. Describe the surfaces of the cerebellum, tuber annulare and medulla oblongata, and the cavity of the fourth ventricle. (The nerves not required.)

5. Describe the form, situation, connexions, and structure of the pancreas, and state generally the nature of its secretion.

6. Give the structure and chemical composition of the osseous tissue.

Afternoon, 3 to 6.

Examiners, Mr. Kiernan and Prof. Sharpey.

1. The os innominatum, and the muscles, nerves, vessels and fasciæ of the same side being removed, describe the pelvic viscera, in the male, as they are seen *in situ*; and the bladder and rectum being turned aside, describe the parts which lie between them and the bones in the order in which they are met with in dissecting from within outwards.

2. Describe the parts successively brought into view in dissecting a portion of the back limited above and below by the first and eighth pairs of ribs, and laterally by the basis of the scapulæ. The dissection to be carried as deep as the surface of the ribs and intercostal muscles.

3. Describe the structure of the bronchial tubes and lungs. Do these structures take any, and if any what, share in the production of the respiratory movements? Enumerate the respiratory nerves, mention the muscles to which they are severally distributed, and the effects on the respiratory movements of injuries, whether accidental or experimental, of different parts of the cerebro-spinal axis.

4. Describe the tympanum as it appears in the skeleton.

5. Describe the intimate structure of a nerve, a plexus, and a ganglion.

PASS EXAMINATION, M.B. DEGREE.—1841.

Tuesday, July 6th.—Morning, 10 to 1.

CHEMISTRY.

Examiner, Professor Daniell.

1. Two solutions will be placed before you marked A. and B. Describe and explain the changes which take place upon testing one with the other. What do the solutions contain? If any ambiguity should occur with respect to either, select some other test

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those before you which will determine the int.

2. What salt is contained in the solution marked ? The appropriate tests will be placed before you: plain the changes which take place upon their ap- cation.

3. What is the Newtonian theory of colours? hat is the experimental evidence upon which it is ested?

4. What distinction may be drawn between the mperature of a body and the heat which it con- ns? Refer to experiments.

5. Explain the analogy between a flash of light- g and the discharge of a Leyden jar.

6. What is the origin of the force in the Voltaic ttery? How is it accumulated?

7. What are the laws which limit the combina- n of chemical affinity? Illustrate them by ex- mples.

8. State the general views which may be taken of e constitution of salts.

9. What are the the respective weights at mean ssure and temperature of 100 cubic inches of the llowing gases and vapours?

Hydrogen	Carbonic Oxide.
Oxygen.	Carbonic Acid.
Nitrogen.	Ammonia.
Iodine.	Sulphurous Acid.

10. What is the general constitution of the class bodies denominated *Ethers!* Illustrate the sub- t with particular examples, both by words and mbols.

BACHELOR OF MEDICINE.—FIRST EXAMINATION.—1841.

Tuesday, July 6th.—Afternoon, 3 to 6.

MATERIA MEDICA AND PHARMACY.

Examiner, Dr. Pereira.

1. Describe the mode of preparing Corrosive blimate; and explain the theory of the process. umerate the tests for this salt; and state how you uld proceed to detect it when mixed with calomel. hat is the nature of its chemical action on the imal tissues; What are its antidotes.

2. What is the most expeditious mode of preparing ydrated Sesquioxide of Iron for exhibition in cases poisoning by Arsenious acid? What reaction kes place when the former is mixed with a solution the latter substance?

3. Give the botanical characters of *Papaver som- rum*. Mention its Linnæan class and order, as ll as its natural order. Describe the method of paring Opium. Briefly state the distinguishing aracteristics of Meconic Acid, of Morphia, of rcotina, and of Codeia. Describe the effects of ium, and point out in what respects they differ m those of other narcotics, especially Hyoscyamus. hat is the immediate cause of death in poisoning Opium? What are the principal therapeutical dications which this substance is calculated to l? Mention some of the principal diseases in ich it has been found serviceable, and point out t circumstances permit or forbid its use. What the doses of solid Opium, and of *Tinctura Opii*, L. What quantity of *Tinctura Camphoræ posita*, Ph. L., contains one grain of opium?

4. In what cases would you prefer Emetic Tartar sudorific, to Dover's powder and *vice versâ*; der what circumstances would the latter be pre- ble to the former? What are the respective s of these substances when employed to produce ating? What means would you adopt to promote operation of sudorific medicines?

5. What are the characteristics of good Extract Sarsaparilla? With what substances is the *Hy- rargyri Ammonio-chloridum* Ph. L., frequently terated, and how would you recognise their pre- ce?

6. What is the class and order, in Cuvier's angement, of *Moschus moschiferus*? From what rt of the animal is musk procured? What is the se of this substance?

BOTANY.

Examiner, Rev. Prof. Henslow.

1. Define the terms Cordatus, Obcordatus, Indu- catus, Trijugus.

2. Describe Pyxidium, Vittæ, and distinguish ween Cotyledones accumbentes, and incum- ates.

3. What are the principal kinds of Nervation in Leaves?

4. Explain what are the Lacunæ, and Meatus intercellulares of the cellular tissue.

5. Upon what does the Etiolation, and the Fall of leaves depend?

6. What are the functions of the root? and the chief phenomena attending the germination of the seed?

7. Describe the structure of the different parts of the specimens marked No. 1, 2, 3.

EXAMINATION FOR HONOURS.

Thursday, July 15th.—Morning, 10 to 1.

ANATOMY AND PHYSIOLOGY.

Examiners.—Mr. Kiernan and Professor Sharpey.

Candidates may illustrate their answers by sketching the parts they describe.

1. The muscles of the back of the neck, the sterno-cleido-mastoidei and the vertebral column being removed from the head, describe the posterior surface of the pharynx, and the parts which lie between the pharynx and the inner surface of the ramus of the jaw, as far as the last molar tooth. The pharynx being opened at its posterior part and in its whole length, describe the parts brought into view; the description to include that of the posterior nares, the soft palate, its arches, muscles, vessels, and nerves, the tonsils, the isthmus faucium, the dorsum of the tongue, its glands and papillæ, the epiglottis and its folds, the superior aperture of the larynx and its posterior surface.

2. Give an account of the several structures which enter into the formation of the skin. The answer to include a description of the glands of the skin, but not the hairs or nails.

Afternoon, 3 to 6.

1. Commencing the dissection at the integuments, and continuing it to the anterior surface of the vertebral column, describe the parts successively met with in a portion of the neck bounded below by the upper part of the sternum and the first pair of ribs, above by a line drawn across the lower part of the cricoid cartilage, and on the sides by lines corresponding to the external margins of the scaleni antici muscles.

2. Describe the intimate structure of secreting glands in general, and the varieties in the intimate structure observed in different glands of the human body, giving the evidence on which any opinions you may state are founded.

Friday, July 16.—Morning, 10 to 1.

Chemistry.

Examiner, Prof. DANIELL.

1. According to the atomic doctrine, is there any, and what, connection between the atoms of bodies, and the heat and electricity which they contain?

2. Describe and explain the construction and action of Harris's unit-jar.

3. Describe and explain the construction and action of Saxton's magneto-electric machine.

4. Supposing a portion of fused chloride of lead, and an aqueous solution of sulphate of soda, to be exposed to the electrolytic force of the same voltaic current, what would be the products of their decomposition, and what proportions would they bear to each other?

5. Taking the composition of cane-sugar to be $C_{12}\ H_{11}\ O_{11}$, how must it become modified before it can be susceptible of the vinous fermentation? and what will be the products of such fermentation?

6. I have weighed a tube, containing an organic substance without nitrogen, to be analysed, and found its weight to be 51·610 grs.; having emptied it, I again weighed it, and found the weight of the tube to be 48·400 grs.

The substance thus transferred was mixed with oxide of copper, exposed to heat, and the products collected in the usual way.

Before the experiment, Liebig's potass-apparatus weighed 453·284 grs.; afterwards, 458·223 grs.

Before the experiment, the chloride of calcium tube weighed 174·000 grs.; afterwards, 175·170 grs.

What were the proportions of the elementary constituents of the substance analysed? What the number of the equivalents of each? What was the substance analysed?

7. State and illustrate Berzelius's doctrine of ammonium.

8. What is benzule? what is its connection with the volatile oil or bitter almonds and benzoic acid?

9. Explain the formation of hydrocyanic acid in the bitter almond.

Friday, July 16.—Afternoon, 3 to 6.

Examiner, Dr. Pereira.

1. What is the per centage strength of the *acidum hydrocyanicum dilutum*, Ph L? What quantity of cyanide of silver should 100 grains of this acid yield on the addition of a solution of nitrate of silver? State the characteristics of cyanide of silver, and how you would distinguish it from chloride of silver. If a sample of diluted hydrocyanic acid yield a red precipitate on the addition of the iodo-cyanide of potassium and mercury, what inference would you draw therefrom? State the composition of this red precipitate, and explain the chemical changes which occur during its formation under the above circumstances.

2. The bottles marked respectively A and B contain adulterated powder of scammony: you are required to apply the appropriate tests [*which will be furnished*] in order to discover the nature of the adulterating matter in each.

3. Describe the mode of preparing the *spiritus ætheris nitrici*, Ph. L.; and explain the nature of the principal changes which occur during the process. What is the composition of this spirit? To what contaminating matter or matters do you ascribe the property usually possessed by the spirit of nitric ether of the shops, of becoming olive-coloured on the addition of protosulphate of iron, and blne with tincture of guaiacum?

4. State what are the symptoms caused by a poisonous dose of hydrocyanic acid, and what remedial means you would have immediate recourse to in order to avert death. Describe the *post-mortem* appearances when this poison proves fatal. How would you proceed to detect its presence in the contents of the alimentary canal? Explain the nature of the chemical changes which occur on the addition of the several tests.

5. By what chemical test is the flour of white mustard seed distinguished from that of black mustard seed?

6. Describe the effects, uses, modes of administering, and doses of *digitalis*.

7. You are required to name the four barks labelled respectively C. D, E, and F.

8. Describe, in botanical language, *conium maculatum*, pointing out those characters by which it is distinguished from neighbouring species.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

July, 1841.

EIGHTY candidates presented themselves at this examination. The following is a list, alphabetically arranged in two divisions, of those who passed:—

First Division.

	Medical Schools.
Ballard, Edward	University Coll.
Beaumont, Henry	University Coll.
Davies, John Jones	London Hosp.
Davis, John Hall	University Coll.
Fearnside, Henry	University Coll.
Fox, Joseph John	University Coll.
Francis, Davrell Joseph T.	Guy's Hosp.
Garrod, Alfred Baring	University Coll.
Gull, William Withey	Guy's Hosp.
Hadwen, Arthur	University Coll.
Hudson, John	Leeds & Univ. Coll.
Humble, William Edward	University Coll.
Jacob, Henry Long	University Coll.
Jenner, William	University Coll.
Inman, Thomas	King's College.
Johnson, George	King's College.
Leonard, Thomas	University Coll.
Letheby, Henry	Aldersgate.
Matthew, Thomas Patrick	University Coll.
Parker, Nicholas	London Hosp.
Raper, William Augustus	University Coll.
Savage, Henry	University Coll.
Stedman, Silas Stilwell	University Coll.
Swayne, Joseph Griffiths	Bristol Med School
Tapson, Alfred Joseph	University Coll.
Topham, John	University Coll.

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Second Division.

Blake, James	University Coll.
Blomfield, Thomas Alfred	University Coll.
Bunce, Richard	Bristol Med. School
Evans, John	University Coll.
Francis, Charles Richard	Middlesex Hosp.
Graham, Thomas	Middlesex Hosp.
Hearne, Edwin	University Coll.
Heath, George Yeoman	University Coll.
Jones, Evan Burnell	Webb Street.
Jones, Thomas Lloyd	University Coll.
Langmore, John Charles	London Hosp.
Martin, Joseph Telford	R. Coll. of Surg. in Ireland.
Maynard, Thomas B. E.	Bristol Med. School
Meryon, Edward	University Coll.
Mott, Charles	Webb Street.
Noyes, Henry George	Guy's Hosp.
Padley, George	Guy's Hosp.
Paley, William	London Hosp.
Randall, John	Aldersgate.
Smith, Henry	St. Bartholomew's Hosp.
Staples, Charles Theodore	Mil. Hosp. Ceylon and Univ. Coll.
Stiff, William Phillimore	University Coll.
Wayte, Charles Matthew	Bristol Med. School
Williams, William Henry	University Coll.

EXAMINATION FOR HONOURS.

(The names are arranged in the order of proficiency.)

ANATOMY AND PHYSIOLOGY.

Ballard, Edward, University College.

Exhibition and Gold Medal.—Matthew, Thomas Patrick, University College.

Gold Medal.—Tapson, Alfred Joseph, University College.—Stedman, Silas Stilwell, University College.—Inman, Thomas, King's College.—Davies, John Jones, London Hospital.—Fox, Joseph John, University College.—Swayne, Joseph Griffiths, Bristol Medical School.

CHYMISTRY.

Ballard, Edward, University College.

Exhibition and Gold Medal.—Fox, Joseph John, University College.

Gold Medal.—Inman, Thomas, King's College.—Humble, William Edward, University College.

MATERIA MEDICA AND PHARMACEUTICAL CHYMISTRY.

Inman, Thomas, King's College.

Exhibition and Gold Medal.—Davis, John Jones, London Hospital.

Gold Medal.—Tapson, Alfred John, University College.—Humble, William Edward, University College.

Examiners—J. F. Daniell. F. Kiernan. J. S. Henslow. Jon. Pereira. W. Sharpey.

At the late B.A. examinations for honours, Samuel Newth, B.A., obtained a Certificate in Mathematics and Natural Philosophy, and Samuel Coulter Davison, B.A., in Classics. Both these gentlemen are of University College.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members, on Friday, July 23rd 1841:—Stephen Spranger, William Henry Sandham, John Wyatt Barnard, Edward Octavius Hocken, Winter Moody, Arthur Newell Jones, John Myers Cockroft.

APOTHECARIES' HALL.

List of Gentlemen who have received Certificates:—

Thursday, June 24, 1841.—Thomas Fothergill M'Nay, Newcastle-upon Tyne.—William Newton, Newcastle-upon-Tyne—Anthony Collins Brownless, Groundherst.—John Wilson Croker Pennell, Whitehaven.—John Williams, Swansea.—Samuel Secker, Wakefield.—George Thomas Gauntlett, Olney, Bucks.—John Godfrey Batcheler, Southwell, Notts.—John Lambert, Edinburgh.

Thursday, July 1.—James Penn Harris, Cowes, Isle of Wight.—John Ward, Sheerness.—George Cordy Edwards, Framlingham.

Thursday, July 8.—J. Prentice, Lowestoffe.—R. T. Tasker, Stratford-upon-Avon.—W. Stewart, Glasgow.—John M'Intyre, Muthill, Perthshire.—W. Smith, Scotland.—T. Robinson, South Park, near Hull.—James Ellison Whale, Peterborough.

Thursday, July 15.—John James, Hereford.

Thursday, July 22—Constantine Wright, Sussex.—William Boxall, Petworth, Sussex.—Richard Gilbertson, Cardiganshire.——Thomas Barker Smart, Yorkshire.—Robert Couchman, Temple Balsall, Warwickshire.—Henry Runcorn, Manchester.—John Johnstone, Duckinfield.

VACANCIES, PROMOTIONS AND APPOINTMENTS.

July 23, 1841.—Ninth Regiment Light Dragoons, Surgeon Arthur Wood, M.D., from the 29th Foot, to be Surgeon, vice Ingham, who exchanges.—Twenty-Ninth Foot, Surgeon Charles Thomas Ingham, M.D., from the 9th Light Dragoons, to be Surgeon, vice Wood, who exchanges.

ADVERTISEMENTS.

THE MEDICAL TIMES.

To Advertisers.

THE Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, it is not inferior, as a medium for advertising, to any periodical of the day. The Permanency derived from its professional and scientific character, and the circumstance of the advertisements being contained in the body of the work, and their not being inserted on a temporary wrapper, renders it, as a medium, at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

SOLUT. MAGNES. BICARB.—Dr. Wilkinson, of Bath, whose well-known familiarity with Practical Chemistry entitles his opinion to respect, says,—

"A Bottle of the Fluid Magnesia of Sir James Murray's, sent to me for Analysation by a Chemist in this Town, gave me Seven Grains of Magnesia and *Three of Sulphate of Soda* to the ounce, whilst yours yielded Seventeen Grains of Pure Magnesia to the ounce. I conscientiously bear testimony to the correctness of the above results.

(Signed) "C. H. Wilkinson, M.D."

"Dated, October 23, 1840."

"To Mr. C. Dinneford, Bond-Street, London."

The above is further corroborated by Professor Brande, of the Royal Institution; Dr. Paris, Author of the Pharmacologia; Dr. Collyer, Translator of the Pharmacopœia (see p. 93); and Mr. Morgan, of Dublin, who also examined and reported on Sir James Murray's Compound.

Sold in Jars (for Dispensing only), containing 5 lbs., at 5s. 6d. each, by the usual respectable Wholesale Houses.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XXI.

"Empirics will undertake all CURES, yet know not the causes of any disease. Dog-leeches!"—

Ford's Love Melancholy.

The Prosecution of Regular Practisers, &c.

Before we went up ourselves for examination by the Hall, in 1822, which was before we graduated at Edinburgh, we contrived to learn perfectly at Guy's and St. Thomas's what the Hall would want; and we accordingly laid ourselves out particularly and distinctly for that kind of examination, independently of Professor Andrew Duncan's Lectures on Materia Medica and Therapeutic, got up the specific materials required, and, after the first three minutes, had a glib and pleasant conversation of the examination of about an hour, and glided off with the license, without a rebuff, into the funking-room. But instead of the Edinburgh graduates in general applying themselves to particular preparation for this examination, which was simple enough in that day, they, as we surmise, were content with all that a man commonly learnt at Edinburgh from the professor's lectures, which were good; and this education chiefly consisted in a knowledge of the general principles (theoretical and speculative) of medicine, and of the collateral sciences and particular facts. With admirable perspicacity and truth of discernment, Sir Wredale Price, of Foxley, has observed, that one man may get up in this way, by the help of memory, the same stock of abstract principles as another. But the difference between real talent and the want of talent and skill in medicine—between the deeply-read and groundly-learned and *memoriter* minds—is not in the more or less knowledge of general principles, but depends on the very different degrees of the natural powers and faculty of judgment with which two different minds make practical application of those principles to particular cases, and raise subsequently a superstructure of experience, skill, and fame, or, from want of judgment in the proper application of principles, sink into mediocrity or inferiority, and lose the public confidence by the ill results of cases. This is the basis of an Edinburgh education; and for our part we must repeat we have thought it always too verbal—not sufficiently practical, operative, and demonstrative—too much addressed to the ears from the mouths of the lecturers, and too little through ears, eyes, and visible means combined. We have seen physicians there of twenty-one years of age, clerks in the clinical wards, who might have had "words, words," but, in the estimation of others, with so little practical knowledge or original observation, that they seemed unfit to prescribe for a cat. They and the London general practitioners require, as has been proved in our last, to be more deeply studied and groundly learned in hospital practice and clinical medicine. They and the majority of the general practitioners in England are mere systematists and common routinists, and require to be grounded more profoundly in internal pathology and minute anatomy, healthy and morbid, for they fail in practical skill in both, the discrimination and the relief or recovery of those very difficult cases of which the skilful physician relieves three out of four cases, which they have given up as incurable; this we can prove in facts and figures. The Edinburgh graduates were very much hackled at the Hall examination, for want of particular preparation for the peculiar subjects, forms, and manner of the examination, but they contented themselves with jeering at and ridiculing the latin, the questions, the box of drugs, and the examiner's dogmatical opinions. No examination is always a test of knowledge or deficiency, for modest, timid, and confused merit may fail in its strongest holds, and ignorance, presumption, and a *pro tempore memoriter* confidence succeed in spite of all odds against it.

They also prosecuted men of regular education of another class for dispensing medicine without their license and a previous apprenticeship, especially all those who had had little or no education, and had not served an apprenticehood, which, of course, as Apothecaries knowing their own peculiar interests, consider as "an insurmountable basis," but which the majority of superior medical men out of trade regard in a very different light.

The fourth class, who were visited with all the rigour of the law were those rank impostors who assumed a professional title, which they had not acquired legally, and so practised grosser imposition on the public than the WHOLLY IGNORANT or UTTERLY INCOMPETENT, who never practised simulation or dissimulation to cloak what he was, or conceal what he was not. "Persons," said Dr. G. M. Burrows, "who profess what they are not ought to be objects of prosecution." The simulators were very properly considered the very worst class of offenders, deserving particular watching and attention, with a view to prosecution. Never were fitter subjects for coming face to face with Her Majesty's Attorney General's countenance, frowning all the terrors of the law.

Their reason for prosecuting impostors was, "that professional titles are a sort of warranty for the proper instruction of the individual. A professional man, who falsely assumes them, practises an imposition on the public, and is the worst species of offender. Good might be done by limiting prosecutions to cases of this kind.

They prosecuted ASTUTES with all the rigour of the law, to check cunning, craft, and villany.

The fifth class prosecuted were the PURES, "because, if a man declared himself to be a PURE surgeon only, his education must have been entirely and purely surgical. He is not 'that compound' called a general practitioner, and should be prohibited from dispensing medicine as an apothecary."—(*John Bacot, Esq.*)

The surgeons of the army and navy were contemplated, but this it was deemed prudent to waive, and it was allowed that "they should be permitted to act as general practitioners;" but it would be better if they were not suffered to bleed and blister so much, and use coarse routine practice, so unmercifully and fatally as they have done, in civil society, for, men on shore are not horses, nor able-bodied soldiers and sailors. The methods of army and navy men are rough and coarse.

The immediate rule of prosecution has been, that, when the immediate practitioners, in the immediate neighbourhood, say "that they have passed an examination, and this man has not—that they have received their licenses, and that this man has not—that they are not protected by the act of parliament which was passed for their protection, the company has very properly acceded to their requisition.

In exact concurrence with the previous experience of the operation and results of the severe—but as just as severe—*ex post facto* laws of Henry VIII., and those of the Royal College of Physicians, as recited in the charter and parliamentary acts, have been the results of the anti-quackery and penal clauses of the apothecaries' act. All these laws have proved to be futile and nugatory in suppressing the monstrous nuisance of English quackery. They are objectionable for three principal reasons, the irremediable expense of actions at common law in our courts, which is the greatest bar to them; and not only objectionable on account of the excess of costs, to which no fund is equal, but of inefficacy from the impossibility of prosecuting all, or even a fraction, of the irregulars and quacks, the wholly-ignorant and utterly-incompetent, the druggists and chemists, and others of the same fraternity, descended from the serpents or asses of Esculapius, who are declared to be now very numerous, and, indeed to form, though diminishing at present, one half of the practisers of all divisions in the kingdom. There are also other vexatious impediments to the prevention and suppression of irregularity and quackery, the two grand draws and frustrations of the legitimate and honourable practice of medicine and surgery.

It is a curious trait of medical nature, that the extensive practice and success of one man invariably excite the envy, jealousy, and rivalry of all his competitors; for almost all who have "laid informations against unqualified practisers have been," says Mr. J. Bacot, "their rivals in practice. Those actions are always instigated by rivals, on the spot, as must be expected." There is much of low moral feeling, and much of bad principles, envy, hatred, and all uncharitableness, in the modern profession, and even a cannibal and cut-throat truculency, from overcompetition and immense excess of supply over demand. Emulation, or endeavour to succeed by superior ability or exertion, is no more; and envy, and a raging desire to bring every respectable and talented man down to the same level of routinism as themselves, have been the results of the overflow of the sons of the low class of people into the profession, with all the malignant passions, low cunning, and villany, which Brousius, in his lectures on the doctrines of phrenology, has so admirably analysed and demonstrated. It is but justice to the moral philosophy and metaphysical analysis of Dr. Bostock to say, that he has traced the ASTUTIA MEDICA, in every instance, to that low birth and low breeding, and that deficiency in morals, manners, and education, despite of which me-

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rob the plough, and fly from the cow's tail to inundate and burthen the overburthened profession of medicine. It has never been kept choice, select, and respectable in England. For one man to rise by another's ruin, and not by progressive opportunities, openings, and successions, seems now to be the order of the day.

But the Hall alleges to the committee that these informations were not taken from interested parties, until after inquiries had been made by a clerk or agent in the neighbourhood of the individual informed against. "As to inquiry into the education of the party, it was not discretionary with the society whether they should go beyond proper information and evidence of the illegality of such practitioner, the act of parliament being considered by them as imperative."—(*Mr. J. Nussey.*)

The objections advanced by the Society to these prosecutions are as follow:—

1. That the recovery of penalties subjects them to obloquy, and is burdensome to them as a body; that the society has been grieved by the annoyance of informations, in defiance of the law, by the exceeding reproach of the parties giving the information, if they do not prosecute, or if they delay to prosecute. "The Society prosecutes indiscretion, not compulsorily nor absolutely, but they have often been abused in such a manner for not prosecuting, that they could not well avoid it."—(*Henry Field, Esq.*) One man was prosecuted twice, and time given him, on the second trial, to abate the nuisance and to prevent one penalty coming too quickly on the heels of another. Another was prosecuted after being nine years in practice.

2. That prosecution produces prodigious expense in costs; each prosecution costs £300 or £400, and that it would cause an expenditure of £10,000 a year to get the nuisance of unqualified and unlicensed practisers abated. Mr. Field stated that one prosecution cost the Society £400.—(*See p. 71, Evidence of Select Committee.*) Therefore, "very few of these prosecutions can be carried on in a year. In another prosecution, they had the costs on both sides, for though the man was convicted, he took French leave, gave them leg-bail, and levanted to America. Prosecutions have not the effect of putting down irregular practice to the extent they should have; "because we cannot carry them on to the extent to which they ought to be carried."—(*Mr. H. Field.*)

3. The present mode of prosecution can do no good of a general or extensive nature.—(*Mr. Bacot.*) The legal powers of the Apothecaries' Society have certainly not had the effect of putting down the practice of unqualified men. It would be impossible by means like theirs to put down unqualified practisers.—(*Nussey.*) It is impossible to put down uneducated practitioners by force of law.—*Bacot.*

GLUEGE'S MICROSCOPIC EXAMINATION OF SOFTENING OF THE BRAIN.

Glüge has examined microscopically *ramollissement* of the brain. According to him, in that kind of ramollissement where the softened portion is devoid of colour, and which is comparatively rare, the primitive nervous fibres are broken up, and contain sometimes a small quantity of pus, and fewer of the small bodies, or granules, which are observed in the *red* softening. These last are considered by Glüge as analogous to what he calls his globules of inflammation; whilst Valentin looks upon them as approaching to the particles of the general pigment of the body, though nevertheless differing from them. According to Glüge, they can be demonstrated within the capillary vessels of the substance of the brain itself. Extravasation of blood may cause ramollissement in two ways—first, in a purely mechanical manner; and secondly, by the absorption of its coloured serum.—*Valentin's Repertorium*, 1840.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE XX.

At the preceding lecture it was shown that actual contact of the male fluid with the ovum within the ovarium was essential to its impregnation, and that probably, in addition to mere contact, one of the moving filaments of the semen was received into the germinal vesicle. In the next place, it is needful to examine the process of impregnation, and the changes which take place in the ovum effecting its progressive development and completion. At about the period of impregnation, it would be too much to say subsequently, but apparently coincident with this process in the mammiferous ovum, the germinal spot is observed to enlarge, to liquefy, and to become pellucid in the centre. Surrounding this pellucid centre is an opake zone of nucleated granules or cells, which go on increasing in number until the whole germinal vesicle is filled and rendered opake. At this period the germinal vesicle appears enlarged, is flattened, and applied intimately against the membrana vitelli at the point where the ovum escapes. These changes have been carefully observed, and accurately described by Dr. Martin Barry, in his important researches upon Embryology, as occurring in the Rabbit. The ovum then approaches nearer the surface of the ovarium; the walls of the ovisac and Graafian vesicle become thinned by absorption; a fissure is formed in the substance of the thinned membranes which extends into the ovum itself, and it is at this moment that we may imagine the phenomenon of impregnation to occur. The flattening of the ovum, soon after this process, diminishes; it reassumes the spherical form, and regains the centre of the ovisac: the germinal spot, also, retires to the centre of the germinal vesicle. Subsequently, upon the embrace of the ovarium by the fimbriated extremity of the Fallopian tube, the investing tunics with the membrana granulosa give way; and the ovum, surrounded by the tunica granulosa, and followed by the retinacula ovi, escapes into the canal, by which it is to be transmitted to the uterus. The only circumstance hitherto known which served to indicate the probability of impregnation actually taking place within the ovarium in the human female, was the occurrence of extra-uterine fœtation. But it has been reasonably objected to this conclusion, that the ovum may have passed for some distance along the Fallopian tube, have there been impregnated, and, subsequently, by an antiperistaltic movement have been ejected into the peritoneal cavity. The experiments and observations of Dr. Barry have, however, well-nigh established the fact of ovarian impregnation, without the possibility of dispute.

At the period of impregnation, the fimbriated extremity of the Fallopian tube grasps the surface of the ovarium; and if an animal be killed immediately after the fecundating act, the closeness and firmness of this contact will be found to be so great, as to render separation somewhat difficult. An adhesive and tenacious mucus is interposed between the fimbriæ and the ovarium; and upon being pulled, the two surfaces glide upon each other.

In the Rabbit, ten hours after the coitus, the ovum quits the ovarium and enters the Fallopian tube; and in one hundred hours from that period is received into the uterus. In the Fallopian tube, a new membrane is formed around the ovum, from which, on its entrance into the uterus, those peculiar ramified tufts are developed which characterise the chorion. While in the Fallopian tube, the ovum is surrounded by a thick mucous secretion, and a viscous and slimy fluid is admitted by imbibition between the chorion and vitelline membrane, and serves to separate them from each other. The germinal spot no longer appears; it is not removed, however, but is only obscured by the development of the nucleated granules. The vitellus consists of two distinct principles; the germinal yelk, which is afterwards converted into the germ; and the fœtal yelk, which serves as the nutriment of the fœtus: there are also two vitelline membranes, one persistent, the other temporary. The human ovum possesses only the germinal vitellus.

With regard to the changes which take place in the germinal vitellus, all previous writers have left the subject either quite in the dark or extremely obscure. When this mass is rendered opake by the production of numerous nucleated cells, two of the cells become clear and developed in size, apparently by the concentration of the formative power of the whole of the remaining cells within themselves. We have thus two large and transparent vesicles with central nuclei formed, while the rest of the nucleated cells disappear, probably by liquefaction. In the next stage each of these two vesicles presents a transparent central area, with an opake circumferential zone of nucleated granules, which gradually fill each vesicle; then two of the nucleated cells become transparent, and increase in size at the expense of all the rest; and four vesicles with central nuclei take the place of the original two. In a third stage, two vesicles being formed in each of the four, eight are produced, and so on, until the transparent vesicles, becoming smaller at each change, assume the appearance of a mulberry-like body. This succession of changes is in this way continued until the subdivisions are rendered extremely minute and numerous, and the entire granular mass is lengthened out into the pyriform lineaments of the future embryo. During the progress of these changes, the albuminous fluid between the chorion and vitelline membrane is increased in quantity, and the mulberry-like body becomes adherent to the internal surface of the latter membrane. At this period another thin and delicate membrane situated within the membrana vitelli, is formed around the lineaments of the embryo, and into this the embryo gradually subsides, carrying with it a reflected layer; in this way the amniotic membrane is formed.

Von Baer had before pointed out the successive changes which the germinal vitellus underwent in the Frog; and these are precisely similar to those described by Dr. Barry as occurring in the mammiferous ovum. The same change and subdivision into two, four, eight, and multitudinous granules, until the entire yelk is broken up, takes place in them. Siebold described the same changes in the ova of the Medusæ; Rusconi, in fish; Carus, in the freshwater Muscle; Dumortier, in gasteropodous mollusca, &c. Again, if any of the leading botanists of our day had been asked the changes which ensue upon the fecundation of seeds, they would have described phenomena, which could themselves be taken as the type of the observations which have been made in the animal kingdom. Thus we are brought to a point from whence we are led to regard with wonder and surprise the beauty and harmony, as well as the unity and simplicity of plan which directs the most complicated processes in the animal economy.

Experiments upon embryology have hitherto been principally performed upon the ova of birds, on account of their large size; but it is a mistake to suppose that bulk is an advantage; every one who has employed a microscope is aware that minuteness, provided the object be transparent, is a great advantage to our observations; the greater difficulty, up to the time of Dr. Barry, was in the means of obtaining these minute ova of the mammifera, which are not larger on entering the Fallopian tube than one-thirtieth or one-fortieth of an inch in diameter. Dr. Barry, in his observations, has examined these ova in upwards of three hundred animals. The mode which he pursues is the following: he dissects and lays out the Fallopian tube, and, judging about the situation of the ova, divides it by a transverse section; he then passes the handle of the scalpel gently along the tube, and presses out the mucus with the pellucid and shining ova which it contains.

Reichert, in pursuing the development of the ova of the Frog, was enabled to trace the existence of a tunica granulosa, a membrana vitelli, and an amnion; the nucleated cells of the Frog, however, possess a clear centre, and contain several granules of black pigment; after the usual change in the yelk has taken place, if the lineament of the embryo be examined by means of a transverse incision, it is found to present a central transparent point, the chorda gelatinalis, and on each side a transverse chorda medullaris; these primitive traces are composed of cells; in the Lamprey the chorda gelatinalis is the persistent form of the vertebral column during life; and if a botanist were to ask, what structure in the animal frame was most likely to bear a resemblance to the cellular tissue of plants, Mr.

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Owen would point to this as the most probable. Beneath the chordæ medullares, two gelatinous and cellular plates are produced, which, with the chorda gelatinalis, eventually become cartilaginous, and afterwards osseous, and constitute the vertebral axis of the skeleton; externally to these laminæ vertebrales, at each side, is a thin cellular layer, which represents the future muscular and cutaneous system; after a time, the chordæ medullares, at first horizontal as regards their long diameter, become placed vertically; at the same time, the laminæ vertebrales also arise from their reclining position, close in the chordæ medullares, and convert the groove which they originally occupied into a canal; the external cellular layers, representing the muscular and tegumentary systems, then become elongated superiorly, forming the membranæ reunientes superiores of Rathke, which gradually meet upon the middle line of the dorsum of the animal, while their elongation inferiorly, the membranæ reunientes inferiores, descend and inclose the yelk; then other changes occur, the formation of the dorsal crest, the future spinous processes, and an internal apparatus for the removal of effete parts. For this purpose two organs are developed near to the spine, from which proceed two ducts which lead down to a temporary anus; these are the Wolffian bodies, and their principal purpose at this period appears to be to remove azote from the system; the vascular system is undoubtedly posterior in its formation to the nervous and to most of the other systems. Previously to quitting the ovum, the embryo is provided with two pairs of branchiæ, and may be occasionally seen swimming in the albuminous secretion by which it is surrounded; the stages in the development of the Tadpole are essentially the same as those of the fish.

As the Tadpole progresses in its early stages, the parietes descend so as to include the yelks within the abdomen. In some fishes this inclusion is likewise observed; in others, only a portion of the yelk is thus received internally; and in still another group, as in the Syngnathus, the whole yelk remains external to the animal, and a long ductus umbilicalis is produced. In the Batrachian reptiles and fishes, there is no development from the alimentary canal representing the allantois; and this fact was remarked by Aristotle upwards of 2000 years ago. Aristotle, Hunter, and Müller, have all directed attention to the existence, in some fishes, of an internal vitelline sac, as well as the one which is external, together with an internal and external vitelline duct. The external vitelline sac, besides serving as a reservoir of nutrition, is, like the allantois of higher animals, a respiratory organ.

In the embryos of osseous fishes, there is no trace of respiratory apparatus at an early period; but in cartilaginous fishes, viviparous as well as oviparous, as in the instance of the Carcharias, there are numerous long and filamentary organs developed from the gills, and resembling the external branchiæ of the young Tadpole. Each of these branchial filaments consists of a single loop of a capillary vessel. The ova of the cartilaginous fishes are named, by the fishermen, *purses*; they are quadrangular, and more or less flattened in form, and provided at the four angles with very long spiral filaments, by which they are connected to substances of various kinds. In the oviduct of the Skate, the large gland which secretes this horny covering is exhibited. The ovum of the Chimæra is remarkable for its close resemblance to a broad-leaved fucus, and is well calculated to deceive predatory fishes.

At an early period the Tadpole of the Frog resembles, in its development, the embryos of the Shark; but it advances rapidly from this point to pursue its destination as a terrestrial quadruped. The changes which ensue during its progressive improvement, are first the loss of the external gills, which are removed by absorption. At this period it breathes by internal gills; then small vesicles are developed from a pair of ducts which communicate with the fauces, and constitute the lungs. The vascular system is modified by communications between the bronchial arteries and veins, and the separation of the pulmonary artery from the aorta. The pulmonary artery, at first of small size, is then gradually increased during the growth of the lungs. The head is provided with a horny beak and two suctorial organs, by which it is enabled to hang upon the leaves of the plants upon which it feeds. The alimentary canal, at this period, is suited to the vegetable diet of the Tadpole, and the intestine is extremely long and convoluted. As the other changes occur, by which the Tadpole is fitted for its terrestrial life, such as the production of members, absorption of the tail, enlargement of the mouth, &c., the tastes of the animal are altered; it now feeds wholly upon insects, worms, &c., and the alimentary canal is shortened, to adapt itself to the new order of things. The vertebral column, which at first was similarly constructed to that of fishes, having vertebræ with a double cup, are now consolidated by the filling up of the cup with osseous substance, and the anchylosis of the newly-formed ball to the posterior vertebra constituting a ball and socket-joint. These are the principal steps in the development of the vertebrate classes of animals.

LECTURE XXI.

The ovum of the bird probably undergoes the same changes with those already described, as occurring in mammifera. The germinal vesicle becomes flattened in the same manner, and the germinal spot obscured. It has been supposed that this spot was lost, but that is not the case, it is only obscured by the development of the numerous nucleated granules, which render the contained fluid opake. The layer of granules which surrounds the flattened germinal membrane, is that which has been called, by Von Baer, the discus proligerus. We may infer, from analogical reasoning, that the ovum of birds, which presents so many points of resemblance with the ova of mammifera, pursues the same steps in progressive development. A great body of information, relative to the development of the ova of mammalia, has been collected by able physiologists, which serves the purpose of aiding the investigator in those researches for which the clear and transparent, although minute, ovum of mammifera is best adapted. The succeeding series of changes are best pursued in the Frog, from the great number of their ova, and the facility with which they may be obtained. The German writers upon embryology divide the processes of development into two parts, the istological and morphological. By *istological* is meant the production of the primitive cells, and the conversion of those cells into a primary and formative tissue. *Morphological* relates to the process by which the various tissues of which the body is composed are formed and distributed. The first step in the process of development is the aggregation of those mysterious nucleated cells. Botanists have observed a parallel change in the growing sporules of cryptogamic plants; the production by this means of a primitive and formative tissue, and the after-development of the vegetable tissues from this original structure. Physiologists have traced the formation of cells of an essentially similar nature as the earlist step in the development of the ovum in the animal kingdom. These cells constitute an elementary tissue, out of which the various systems, the osseous, the muscular, the nervous, &c., are produced. Mr. Owen would assume, as a fit comparison, the arrangement of the materials which are prepared for the erection of a vast city. The architect, in the first instance, subdivides that material, and fashions it into the form which is best adapted for his purpose. Of these elementary pieces some may be taken to build the humble shed, which is intended to serve but a secondary and a temporary purpose; while pieces of the same kind, and from the same heap, are to form the elegant proportions of the most magnificent palace. It is in this way that we see the primitive nucleated cells produced by the most mysterious and unfathomable laws; these, by a remarkable change, are resolved into two, in which the formativepower of the whole seems concentrated; to these, four, eight, sixteen, and incalculable subdivisions succeed: and from these countless particles the morphological combination is effected, which may produce the simplest infusory, or the most complicated mammal.

After the ovum of the bird has gone through the various changes by which it arrives at perfection, it bursts through the stigma of the calyx of the ovarium, and is received through the slit-like opening of the oviduct into the canal of that tube. In the oviduct the vitellus, with its investing membrane, is surrounded by successive layers of albumen, which are at first dense, but afterwards become more and more fluid. The first layer formed is so dense in structure as to constitute a membrane, to which are attached four twisted and spiral processes of denser albumen, called *chalazæ*. The last secreted layer is still more dense in its structure; it incloses the whole of the albumen, and lines the interior of the shell; hence it is named the membrana testæ, or membrana tutaminis. It is analogous to the chorion of mammiferous ova. The chalazæ, four in number, and situated in pairs towards each extremity of the egg, are attached by one extremity to the membrane which immediately invests the membrana vitelli, the membrana chalazifera, and by the other to the membrana testæ. Further on, the internal surface of the oviduct presents a peculiarly-laminated appearance, and is extremely vascular. It is here that the calcareous covering of the egg is secreted; being deposited, as proved by the observations of Purkinje, in minute crystalline particles. After the exclusion of the egg certain changes occur in its structure; the membrana testæ, at the large extremity, becomes separated into two layers, and contains air. This cavity is called the vesica aeris. Mr. Towne has observed, that if air be forcibly impelled into this chamber, the air will find its way all around the egg; and it may thus be demonstrated that the membrana testæ consists of two distinct layers. If an egg be boiled hard, and then be divided by a longitudinal section, a whitish and circular spot will be seen in the centre of the yelk; and leading from this, towards the surface, is a line of the same hue. The central spot indicates the original position of the germinal vesicle, with its proligerous membrane; and the whitish line, the route which it has taken to reach the periphery of the vitellus, where it forms the cicatricula, or, as it is vulgarly called the tread. The whitish matter, which marks the trace of this course, is composed of nucleated cells, of smaller size than the granules of the vitellus. The cicatricula is always situated upon the highest point of the periphery of the yelk, so as to be nearest to the warmth of the parent bird during the period of incubation. This peculiar position is ensured by the extreme lightness of the yelk, and by the mode of attachment of the chalazæ, which, being connected with the chalaziferous membrane below the central axis of the yelk, the largest half necessarily floats the highest on whichsoever side the egg may be placed.

The calcareous covering of the egg of the bird presents numerous varieties, referrible in many instances to beautiful final causes. Thus, in the Emu, which deposits her egg in shady places, and amidst surrounding verdure, the colour is a deep brown, or black. But in the Ostrich, whose eggs are left upon the arid sands of the desert, they present that yellowish tint which might best elude the search of depredators.

We now come to the porosity of the shell of the egg; a property which we have hitherto looked upon as a necessary condition for the transmission of air, with its vitalising component oxygen, to the embryo chick during incubation. The question relating to this subject was made the subject of experiment so early as 1810, by Erdmann, who constructed a machine by means of which he succeeded in procuring a certain amount of development, with the assistance of artificial heat, after he had, as he thought, completely excluded the atmospheric air. These experiments, however, he was so much dissatisfied with himself, that he neglected their publication, and they were generally objected to as open to much doubt, from the circumstance of the material used for the exclusion of the air having been plaster of Paris. Subsequently they were published by Oken, in the *Isis*, and have since, strange to say, been copied by Rudolph Wagner; although he must have been aware, that much better and more philosophical observations had been made. The subject has lately been revived by Mr. Towne, and the experiments by this gentleman have been recently published in the Guy's Hospital Reports. Conceiving that the paint and varnish used for the exclusion of the air in the experiments formerly made, might have an injurious effect upon the embryo, he surrounded the eggs under examination with a number of strips of thin but dense paper, steeped in albumen; and after making a firm and apparently impermeable case, he varnished or painted the envelope on the exterior. Under these circumstances he

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found that the changes produced by incubation went on, in an undisturbed manner, to the twelfth or thirteenth day, and the allantoid membrane was perfectly formed. He thought, therefore, that he had succeeded in proving that development could proceed with an entire absence of air, or with only so much as was contained in the vesica aeris, which is known at the period of incubation to contain more oxygen than the atmospheric air. But this reasoning was most imperfect, and had for its basis a postulate, a mere assumption. He should have proved his premises. We do not want theory; we want direct and incontrovertible proof. With the view of pointing out the inaccuracy of Mr. Towne's experiments, Mr. Owen applied to Mr. Taylor, who immediately suggested several modes by which this could be effected. One of these was to make an opening at one extremity of the shell, with its investing case, prepared by Mr. Towne, to remove its contents, and to introduce into its cavity a solution of acetate of lead. The opening was then carefully luted and hermetically closed, and exposed to the influence of sulphuretted hydrogen. Now, supposing that in this experiment the external case were capable of wholly excluding the passage of air, no effect would be produced upon the contained solution of lead. But if, on the other hand, it were permeable, deposits of sulphuret of lead ought to be found in the interior of the shell. (Mr. Owen then opened an egg, submitted to this process, and three considerable patches of black pigment were discovered upon the internal surface of the shell.) The sulphuretted hydrogen has, moreover, a peculiar effect upon the albumen employed in the process of agglutinating the layers of paper which compose the investing case; it is rendered yellow; and Mr. Owen, in examining the successive layers of paper, found them all yellow, even to the surface of the shell; a proof that the gas must have found its way through these different layers to the inclosed egg.

These experiments, however, together with some of a more complete and satisfactory nature, made by Dr. Theodore Schwann, tend to the conclusion, that development can proceed, to a certain extent, after the partial removal of atmospheric air, and serve to show that the porosity of the shell does not enjoy the function it has been hitherto thought to possess. Dr. Schwann constructed a machine with which he could keep up the artificial heat necessary for incubation, and at the same time effectually to exclude the air, or he could surround the eggs with azote or with hydrogen. In these cases he found the usual developmental changes to take place. But when the eggs were submitted for a period of four-and-twenty hours to the influence of carbonic acid gas, their vitality was completely destroyed. Humboldt performed the same experiments, many years since, upon the seeds of plants, and with precisely the same results.

When eggs have been incubated by the parent hen, for a certain length of time, or have been subjected to the regulated temperature of artificial heat, the cicatricula is observed to increase in size, and present a whitish opake disk upon the surface of the vitellus, and immediately beneath the vitelline membrane. This enlargement takes place by the increase in numbers around the circumference of the disk of the nucleated cells. In the centre of the cicatricula is a clear space, which is called the area transparens, and the opaque disk surrounding the area transparens is the area opaca. Beyond the area opaca the opacity gradually diminishes, and a number of concentric circles, or halones, are perceived. At the eleventh or twelfth hour of incubation, a stratum of nucleated cells is formed over the surface of the cicatricula, and immediately beneath the membrana vitelli. This is the commencement of the amnios, or, as it has been called by the German writers, and particularly by Pander, the serous layer of the germinal membrane. A similar layer is then produced upon the under surface of the cicatricula, in contact with the yelk; this is the mucous layer of the germinal membrane; and between these two layers the common embryonic cells are collected. Very soon an opake, linear streak may be observed traversing the area transparens; this streak is shortly discovered to be composed of two white and opake parallel lines, which represent the two lateral halves of the spinal cord. This is the first part produced during the progress of the development of the embryo of the Fowl.

Immediately external to this primitive trace, a parallel line may be soon after seen on either side; and immediately beneath it, that is, upon its vitelline surface, a third line, which represents the chorda dorsalis. In the two lateral striæ, or laminæ vertebrales, at about the eighteenth or twentieth hour, a double row of opake points may be discerned; this is the first step towards the ossification of the vertebral column; and the parts in which the ossific deposit commences, are the rudiments of the superior arches of the vertebræ. The chorda dorsalis is afterwards transformed into the bodies of the vertebræ. The next changes which occur are the divergence and approximation of the two parallel cords near to one extremity, so as to include between them three unoccupied spaces. The first of these spaces corresponds with the future position of the olfactory ganglia; the second with the optic ganglia; and the third with the medulla oblongata. At about the second or third day two small capsules are developed from the sides of the medulla oblongata at its upper part; these are the rudiments of the organs of hearing. Another pair of vesicles are soon after produced from the sides of the middle ganglia, which soon indicate, by the collection of pigment which ensues, the formation of eyes; and a third pair from the anterior ganglia become developed into the nasal fossæ. Near the posterior part of the primitive trace, a space exists between the parallel cords, which remains permanently in birds, under the name of sinus rhomboidalis. This point corresponds with the numerous nerves which are intended to supply the lower extremities.

Around the circumference of the area opaca, little spots, of a yellower and darker tint than the surrounding nucleated cells, are perceived; these seem to be produced by a liquefaction of the granules. Speedily afterwards these small spaces increase in size, the fluid which they inclose assumes a deeper colour, and is observed to contain numerous minute granules, which become gradually converted into the elliptical form of the blood-disks of the bird. The little lakes increase in size, become confluent, and then form a circular channel, the sinus terminalis, which extends completely around the area opaca. From this sinus smaller channels are observed shooting towards the centre, and converging towards the embryo. These cells and canals were observed by Hunter, before the contained fluid assumed the red colour of blood, by absorbing from the exterior the salts of iron which bestow this pigment. It is remarkable that in all the coloured parts of the body the colouring matter is contained within closed cells; a disposition that reminds us of the circular cells which contain the peculiar oil in the peel of the orange, or even of the membranous sacs in which the juice of the fruit is retained. These cells of the area opaca possess, therefore, in the first instance, a secreting power by which the blood is produced; the sinus venosus is then formed, and subsequently the converging canals tend from the circumference towards the embryo.

In the early formation of the lineaments of the embryo upon the periphery of the vitellus, it is soon covered upon the surface by the newly-developed amnios. In the next place it becomes curved upon itself, particularly near the cephalic end, and sinks into the amnion, so as to obtain an additional and reflected investment. In the early part of this change a duplicature is observed near the head of the future embryo, which has been denominated the plica transversalis cephalica. Between the head and the thorax, in consequence of the curve which the embryo now makes upon itself, a small cavity is formed, which has been named by Wolff the fovea cardiaca. It is here that the blood from the converging vessels of the sinus venosus is centralised, and forms a single-looped vessel curved upon itself. On the second day pulsations are observed in this vessel, or punctum saliens, which shortly divides into three parts,—an auricular portion, a ventricular dilatation, and a bulbus arteriosus. In two or three days the aorta gives off at either side a series of arches, which resemble the branchial arches. There are never more than three of these arches, although Wagner has seen four, and five have been described. The anterior arch becomes the carotid and subclavian artery at each side; the middle forms the aorta, and the posterior the pulmonary arteries, after they have been diverted from their connection with the aorta by the development of the lungs. The next changes which take place in the heart, are the separation of the auricle and ventricle into two lateral cavities by a median septum. The circulation at this period is performed by two arteries, one at each side, which go off from the aorta near to its lower part, and by two veins which return the blood to the heart, and are ultimately transformed into the venæ azygos. These have been incorrectly called arteries; Hunter looked upon and figured them as veins, and his view has been since proved by repeated observations.

UNIVERSITY COLLEGE HOSPITAL.

POISONING BY LAUDANUM.—EMPLOYMENT OF ELECTRICITY.—CLINICAL REMARKS BY DR. WILLIAMS.

A. B., aged twenty-six, was admitted July 16th, under the care of Dr. C. J. B. Williams; she is of middle stature and conformation, ruddy complexion, and dark hair. She states that, in consequence of disappointment in a love-affair, she determined to commit suicide: for this purpose she collected tincture of opium to the amount of about one ounce and a half, which she swallowed this morning, about six o'clock. She soon informed her mother of the step she had taken, and a medical practitioner was sent for, who administered a scruple of the sulphate of zinc. This produced copious vomiting. The patient was brought to the hospital at half-past seven, A.M.

On admission, she was in a state of complete coma; the pupils were contracted; the face pale; the lips livid; the pulse weak, and the respirations rare. The stomach-pump was immediately used; warm water first, and afterwards strong coffee, being injected and again drawn out, and electric shocks were passed across the shoulder by the electro-magnetic apparatus, with the effect of instantly restoring the patient to consciousness. She was then made to walk about the ward supported by two of the nurses, and the electric shocks were renewed at intervals as she became drowsy.

At two, P.M., Dr. Williams saw her, and ordered six grains of calomel immediately, and two minims of croton oil one hour afterwards; the oil to be repeated every hour until the bowels were moved. Her bowels were freely opened about six, P.M., after she had taken three doses of the oil. From that time the drowsiness ceased. She remained perfectly well, and was discharged on the 18th.

In lecturing on this case, Dr. Williams remarked, that the first indication to be fulfilled in cases of poisoning by opium or its preparations, is the immediate evacuation of the poison from the stomach and intestines. The emptying of the stomach is more surely effected by the use of the stomach-pump than by any other means; and in proportion as the sympathies concerned in vomiting are more paralysed by the long operation of the poison, there would be the more need for the use of this mechanical substitute for the act of vomiting, inasmuch as the stomach would be less affected by emetics. In washing out the stomach by the stomach-pump, it is well to use infusion of coffee or green tea, which in a slight degree counteract the stupefying influence of the opium.

When the stomach-pump is not at hand, then emetics, similar to that employed in the case under consideration, are the most effective. The stomach having been emptied, the medical attendant should next endeavour to evacuate the intestines; and in doing this he should use purgatives best suited to counteract the constrictive influence which opium exerts over the excernent organs. For this purpose, calomel is found most beneficial, as it not only acts upon the excretions, but removes the tendency to local congestions or inflammations, which very frequently follow poisoning by the agent under consideration. Such a result had ensued in one case lately in the hospital, in which, after the prolonged operation of a large dose of opium, a low kind of inflammation of the lungs ensued, which ended in extensive gangrene, and terminated fatally. The poison being thus evacuated, and as far as possible counteracted, the still sinking excitability of the nervous system is to be roused as much as possible. Opium kills by producing asphyxia, which is consequent upon the general paralysis of both the

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voluntary and involuntary nerves which are engaged in the motions of respiration. Efforts to excite the muscles of respiration may be directed either to the voluntary or involuntary nerves which act in respiration. To arouse the patient to consciousness, and to the voluntary exertions connected with it, the patient may be kept walking about, or riding over a rough road; or some irritating agent, such as nettles, or the dolichos pruriens, may be applied to the skin. The involuntary motion of respiration dependent on reflex action are aroused by the cold affusion, stimulating vapours to the nostrils, or by electricity, which acts also directly on the muscles, and restores consciousness. The latter agent was the most powerful, because it excited all the functions concerned in the respiratory movements, involuntary and voluntary, and its efficacy had been proved in the present case. He thought that an objection existed against the use of forced exertions in cases of this description, which was not sufficiently thought of. By such general exercise, the respiration was doubtlessly kept up; but the need of respiration was increased likewise; the blood became more venous, and the demand on the weakened organs of respiration became greater. The object of keeping the patient awake was to make him conscious of that feeling of want of breath which prompts voluntary respiratory efforts, so that by these efforts the blood might be oxygenated, until the involuntary movements should be restored. Electricity had the advantage of exciting the motions wanted, without exhausting the strength and overtaxing the voluntary movements of respiration, as forced bodily exertion must do.

If the poison be much in quantity, or long taken, the nerves and muscles are insensible to any of the above-mentioned stimuli. We must then do for the lungs what by the stomach-pump we do for the stomach; move them mechanically; use artificial respiration: and this is best done with Read's syringe and oxygen gas, if they are at hand. In such extreme cases there is so much congestion in the right side of the heart, that the pulse fails, and even artificial respiration is of no avail. Here venesection will sometimes relieve the congestion, and restore the motion.

With artificial respiration should be joined heat to the limbs, friction, &c.; and, by these means, life may be sometimes sustained until the action of the poison ceases, and the natural motions are restored. This was first shown by Sir B. Brodie's experiments with the woorara poison.

TUMOUR BENEATH THE EAR.

Maria Wood, aged 16, admitted, under Mr. Quain, April 26 (dresser, Mr. Perrin), of good constitution, states, that about four years ago she noticed a swelling about the size of a horse-bean immediately below the left ear, and that since that period it has gradually assumed its present character, viz., a tumour about the size of a hen's egg, irregularly lobulated on its surface, elastic, and not painful. It is placed immediately beneath the lobe of the ear, which it pushes outwards, and it extends forwards over the masseter muscle for about an inch; it also extends deeply behind the ramus of the lower maxillary bone, but is moveable.

May 8. Mr. Quain removed the tumour to-day by making an incision (about two-and-a-half inches in length) from before backwards, dissecting back the integuments, and separating it from the deep attachments. When removed, a large depression was seen on the exposed surface of the parotid gland, and in the bottom of the wound the temporal artery pulsated unimpaired. A small vessel was tied, and lint steeped in cold water placed in the wound.

The tumour consisted of an extremely dense and firm cyst, containing atheromatous matter, in which were imbedded small portions of a cartilaginous substance.

Vespere.—The wound dressed by bringing the edges together by means of a suture and strips of common adhesive plaster; lint steeped in cold water ordered to be applied over the dressing for twenty-four hours.

17. The ligature has come away; wound cicatrising very favourably.

June 10. Discharged cured; the wound has contracted much during the process of cicatrisation, leaving but a very slight mark beneath the ear.

TALIPES VARUS.

Vincent Head, aged 18, admitted February 26, under Mr. Quain; dresser, Mr. Perrin; for club foot, of the left side, which commenced thirteen years ago without any very obvious cause, excepting, perhaps, that while a child he was (as he states) in the habit of twisting the foot inwards. It causes pain, and feels weak when walking, and frequently twists inwards when the weight of the body is borne on it. The left foot is two and a quarter inches shorter, and much wider than the right. It is in a state of permanent extension, and turned inwards on itself, so that, in walking, he rests the weight of the body on the outer side of the fifth metatarsal bone, where the cuticle has become very much indurated; the head of the astragalus can be plainly felt on the outer side of the tarsus. The great toe and two other toes project upwards nearly at a right angle with the foot. The tendons of the tibialis anticus and posticus, extensor, digitorum communis, and extensor pollicis, are tense and prominent, particularly when the foot is twisted outwards. The plantar fascia feels contracted. The gastrocnemius is very imperfectly developed. The peronæi muscles being very small, he possesses very little power of abducting the foot. There is a small ulcer just above the outer malleolus.

March 18. Mr. Quain divided the tendo Achillis with a narrow scalpel, and also a firm band of fascia placed on the inner side of the plantar surface of the foot; the skin in each case being left entire, except at the point of entrance of the instrument.

23. An apparatus was applied to the foot, by which the heel was drawn downwards, and the foot at the same time inclined outwards.

26. The tendons of the tibialis anticus, as well as that of the extensor pollicis proprius, and the inner and outer tendons of the extensor longus digitorum, were divided about an inch behind the metatarso-phalangeal articulation. A thick fibrous band was also divided on the plantar surface of the foot at its inner side.

28. The apparatus was reapplied with very trifling inconvenience to the patient.

May 5. The apparatus has been discontinued; the patient walks very well, and without limping, and can place the entire sole of the foot firmly on the ground.

This consisted of a foot-board, to which the foot was secured by pads and straps, and of a lateral splint formed of iron, about one inch in width, and extending from the foot-board along the outer side of the leg to a little below the knee, and secured by straps to the legs. An "universal joint" placed in the splint opposite the ankle, allowed the foot to be flexed on the leg by means of a strap carried from the fore-part of the foot-board to a buckle near the knee, and to be turned outwards or inwards by the action of a screw placed near the joint.

WESTMINSTER HOSPITAL.

FUNGOID ULCERS OF THE PENIS.—AMPUTATION. CURE.

J. W., a leucophlegmatic-looking man, was admitted into the hospital on the 12th of December, 1840, with a malignant disease of the penis. He states that two years since, after several distinct attacks of gonorrhœa, he first perceived a small wart at the end of the penis. As this occasioned him some inconvenience, he applied to a medical practitioner in the neighbourhood, who made an application of nitrate of silver to the affected part, and ordered him five grains of blue pill night and morning. Under this treatment the wart appeared, for the first few days, to be getting rather less, but at the expiration of a fortnight it broke into an open ulcer, from which a quantity of fœtid pus was discharged. He immediately discontinued the mercury, but, notwithstanding the use of other remedies, several other small ulcers appeared, and continued to increase in size until the time of his admission, when the penis presented the following appearances: From the corona glandis to the symphysis pubis were numerous small fungoid ulcers with indurated edges, discharging fœtid grumous pus. There was severe lancinating pain along the whole extent of the penis. The glands in the groin were but slightly affected. After making water, which he did very freely, he was seized with violent pain in the urethra, which continued for several minutes, and then gradually subsided. His health being a little impaired, he was kept quiet, and was placed on nutritious diet for the space of a fortnight. At the expiration of this time the surgeon, under whose care he was placed, determined on the necessity of amputating the penis; a proceeding which was accordingly resorted to, and conducted in the following manner. As the disease had extended very near to the abdomen, the surgeon did not amputate at one cut, but made three incisions; the first passed merely through the integuments; by the second, the whole substance of the organ was divided, a small portion of it being left, for the purpose of being laid hold of while the vessels were tied; the third completed the operation. He was ordered to bed, and a small piece of lint, dipped in cold water, was applied to the wound, and ordered to be moistened occasionally. After a few hours, slight secondary hæmorrhage took place, but was immediately arrested by an application of the tinctura ferri muriatis. The wound gradually healed, care having been taken for the first few days to draw off his urine, after which a small silver tube with a plug was introduced about an inch down the urethra, and fastened round the body by a tape. By this means he is enabled to make water without wetting his trousers.

DISEASE OF THE TESTICLE.—CASTRATION.

A. B., aged 44, a rather robust, healthy-looking man, was lately admitted into the hospital. He stated that he was constantly employed in mining, and that whilst at some considerable depth from the surface a quantity of earth fell upon him, and he was buried for some time beneath it. On being dug out, he was very much bruised, but had got sufficiently well at the end of a fortnight to resume his work.

About five months after this accident, he felt slight pain in the left testicle, which gradually increased in size, and became hot and painful to the touch. He consulted a surgeon, who ordered leeches, lotions, and other means to be employed, but they were ineffective, the disease gradually increased, and the pain, instead of continuing dull and heavy, became throbbing and lancinating.

On admission, the testicle presented the following appearances:—From the left groin to the bottom of the scrotum was one large oblong mass, hard, and painful to the touch. The superficial veins were in a varicose state, being extremely tortuous and full, and running in every direction over the tumour. The tumour was of a livid red colour, having at the bottom a sort of pouch, which appeared to contain fluid, but which upon closer examination proved to be merely grumous matter, which gave to the touch very much the sensation of fluid. As the appearances presented offered no reasonable expectation of a cure, excision of the diseased gland was proposed. On making an incision from the neck to the fundus, some little difficulty was experienced in detaching the skin, in consequence of its being firmly attached to the diseased mass. The bleeding vessels being secured, the edges were brought together, and the man did well. Upon cutting into the testicle after the operation, there was what appeared to be the nucleus of the disease, something resembling the kernel of a nut, with the epididymis encircling it. In all probability the integrity of the testicle having been destroyed, a new action was set up which produced such disastrous results.

CONCUSSION OF THE BRAIN.—EFFECTS OF OPENING THE TEMPORAL ARTERY.

Mr. B. W. Holt, of the Broad Sanctuary, has communicated the following case which occurred at the Westminster Hospital, during his temporary residence as house-surgeon to that institution.

W. Edy, aged four, was admitted into the hospital on the 4th of July, with concussion of the brain. The mother states that, while playing at the first-floor window, he was precipitated to the ground, a height of about fourteen feet, and that his head struck against the stone pavement. He was found to be perfectly insensible, and was immediately brought to the hospital. Upon examining the head, Mr. Holt found a large puffy tumour, over the junction of the parietal and occipital bones. The pupils were dilated and permanently fixed; the countenance was deadly pale; the respiration considerabl

impeded with a little stertorous snort, about every third inspiration, accompanied by a deep sigh; pulse weak and irregular; involuntary action of the bowels; and spasmodic twitchings of the muscles of the face and arms.

The head was immediately shaved, and the child put to bed; a piece of lint, dipped in cold water, having been placed over the tumour. Fearing that the case would terminate fatally, the assistance of Mr. White was requested. That gentleman promptly attended, and after a little deliberation, the pulse having, in the mean time, slightly rallied, he decided upon opening the temporal artery. At first, but a small quantity of blood oozed from the wound; it after a few seconds, however, came freely, *per saltum*, and a teacupful was extracted. The pupils now began to contract, and in a few minutes the little patient lost its stertorous snort, the breathing became quiet, the spasmodic twitching ceased, and he fell into a quiet sleep. The next morning he was quite well.

Wr. White, at the time, related a case which had occurred in his private practice, and in which the symptoms were exactly similar. In this case, however, it was some time before he saw the patient. He then directed that the temporal artery should be opened. This proceeding acted like a charm; the child in a few seconds after beginning to rub its feet, to which a few hours before some mustard poultices had been applied. A better illustration of returning consciousness could not have occurred.

Mr. Holt thinks that the above cases are extremely instructive, from the fact of the symptoms in both instances being exactly those which result from the combined effects of concussion and compression; but which, as was proved by the treatment and its success, were mainly dependent upon a loaded state of the vessels of the brain, caused by the injury which had been sustained. The heart not having sufficient power to dislodge the quantity of blood contained in the cerebral vessels, the circulation was imperfect and impeded. The abstraction of blood from the temporal artery equalised the circulation, and the urgent symptoms began to decrease; the pupils become contractile, and the breathing quiet.

Mr. Holt finally believes, that, unless Mr. White had suggested the opening of the artery, the child would have died.

TO CORRESPONDENTS.

Correspondents will be answered in our next number.

Communications have been received from Mr. Dermott and Mr. Margetson.

All letters, communications, and books for review, must be sent (free) to T. Bailey, 10, Wellington Street North, Strand.

THE MEDICAL TIMES.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 2.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

THE preliminary measure, indeed the first step in the ladder of Medical Reform, will be a General Registry of all the Practitioners of the United Kingdom. This measure is the principal object of Mr. Warburton's Medical Profession Bill, and will probably occupy all the approaching or second session of parliament. It was said by Mr. Bacot, that the first step in Reform ought to be a General Registry, which has been allowed by all principal parties.

We shall give it our most cordial support, provided it is planned and executed in an efficient and proper manner, with attention to those guards and precautions we shall specify hereafter.

The regular profession having been enrolled, and the registration established, will proceed to the fundamental steps of Reform; and, first, the adoption of the representative principle and incorporation of the body in a representative form, a *sine quâ non*, without which all is vain.

A General Registry was suggested at the sittings of the Committee on Medical Education, of 1834. We believe that it was approved by certain witnesses of the Royal College of Physicians, London; but recommended more particularly by those of the Apothecaries' Society, who considered that it would be extremely useful to have the whole profession registered.

1. One reason for registration is, that we have no means of ascertaining the total number of names, localities, abodes, addresses, and stated qualifications of the regular profession, except through common directories, which give no information beyond the vague titles of "DOCTOR," or "MR.," and are imperfect in other respects. The TRADE DIRECTORIES generally get the names and addresses from the solicitors, professional men and tradesmen themselves, of every town; but neither this nor any other mode of voluntary registration would suit the profession.

As the Hall Examiners in their evidence warmly recommended a General Registry, in 1834, to the select committee, we believe it has had the acquiescence of most of the corporate and collegiate bodies in their late *éclaircissemens* and declarations of these special measures of Reform, which they desire or oppose. The Hall said, with great truth, that "REGISTRATION and PUBLICITY are required."

Dr. Geo. Mann Burrows, one of the most veteran and shrewd Reformers we have, who is always at his post, and as firm as he is consistent, told the Warburtonian Committee, among other good things of which he had proposed so many in "his acted time," that, "a general registry of duly qualified practitioners would enable the public to distinguish those who are not duly qualified, if they chose to examine the registry, but it would not avoid that confusion that I think would arise from individuals who *had passed examination*, and yet were not competent to practise, as in the case, already adverted to, of a gentleman brought before me, possessed of every qualification, but who, to the great astonishment of the court, was found most deficient." I have known individuals come before the court of examiners equally qualified as regarded the courses of Lectures, &c., which they had attended with the candidate in question, and yet they were so ignorant as not to have the Society's License.—*(See Dr. G. M. Burrows's Evidence, pp. 19, 20, 3rd report.)*

"The advantages of registrations are so obvious," said Mr. Ridout, who is a profound and experienced authority, "that the profession would very generally assent to it. A very *small fee* from each person registered would be sufficient to meet the expense of corresponding and printing. Indeed *the smallest* fee would suffice (p. 42). I think that no person should practise medicine, in any of its branches, without giving proof of his being qualified by education for the professional duties he undertakes. That proof should be REGISTERED in such a way as to be of easy access to the public—that the public might readily know whether the practiser was qualified or not—that they have passed examinations, and *have a record* of the examination. The examination proves how impossible it is to prevent unqualified persons by means of penal laws." The other examiners concurred with Dr. Burrows and Mr. Ridout; and we think it was proposed to check the number of *naturally* and *inherently* UNQUALIFIED men who study the profession, and pass, *notwithstanding* their *incapacity*, by attaching a minute of observation to the examiner's list of the passed or rejected, respecting the state of their intellects. Mr. Ridout added:—"The registration is a good auxiliary means of defeating IRREGULARITY and quackery. A registration of duly-qualified persons will enable the public to distinguish those who are not duly qualified; but it will not enable them to avoid the confusion from individuals who have passed examinations, and yet are not competent to practise."

As to examples of registration, the members of the legal and clerical professions are both registered. The clerical registry amounts to a total of 15,000 ecclesiastics. In this profession, strange to say, "CURATES are wanted," for the supply has not equalled the demand created by the Pluralities Bill and the erection of new churches. The professions and trades also are registered in commercial directories, and what information has been gained as to our total numbers (about 20,000) but about which statists differ, has been computed in a general manner from them. We do not see why the medical profession should not follow the example of the rest; at all events, we shall advocate the measure as highly expedient and useful. Indeed, we consider a GENERAL REGISTRY indispensably necessary. For the want of lists in circulation at a moderate rate, and the limitation of the publication of the lists of the College and Hall, particularly to members licentiates, no one knows where they are to be bought—every one has been at a loss, after their own examinations and licensing, to get the least information respecting the qualifications of *suspected* individuals.

In France, to the best of our recollection, every man is obliged, after he has obtained his regular qualifications, to go to a particular office in that department where he intends to settle down and register his diploma, of which the registrar gives him a certificate. We shall ascertain that fact. They manage these things better in France; she is more famous for order and system in PREBUS MEDICIS than ourselves.

We are not without examples of inquisition into the state of the profession and registration in other countries. The king of Prussia, in 1833, commissioned the venerable Professor Rust to institute an official and statistical

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inquiry into the qualifications of every member of the medical profession, and the state of the profession generally, in his dominions. Rust executed this commission, and published an official report in 1833, which contains many shrewd observations and suggestions. It was satisfactory to the late paternal monarch of the only country in the world in which the despotic principle of absolute monarchy has been rendered compatible with popular and liberal institutions, and combined with that free emulation, that open cultivation of the learned professions, and that energetic pursuit of commerce and wealth, which distinguishes every liberal and well-regulated democracy from all the other beggarly and despotic governments on the continent, except France, Belgium and Switzerland. A similar general inspection and inquiry would not be amiss in England, though, by those who have good reasons to fear something from it, it would of course be deprecated as too inquisitorial for their nerves to stand. In England, this inquisition might assume the usual form of a commission of inquiry, and be attended with the most satisfactory results. We should like to see a just, faithful, and unbiassed report of the real state of the profession in the country, about which the committee on medical education, headed by Mr. Warburton, has reported just nothing, and is so far very defective in evidence.

We shall get the general total of the British Medical Practisers from the NATIONAL CENSUS; but as, in many instances, it has been conducted by ignorant, illiterate, and incompetent men as ENUMERATORS, who lump in together, druggists, irregulars and quacks, with regulars—all under the vulgar denomination of "doctors." We do not think it will afford much means of distinguishing one class of men from another. We cannot get a special and explanatory enumeration of all and every member of the profession without a searching and discriminating registration.

(To be continued)

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 24th July, 1841:—

Epidemic, Endemic, and contagious diseases	124
Diseases of the brain, nerves, and senses	133
Diseases of the lungs, and other organs of respiration	220
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	70
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	3
Diseases of uncertain seat	93
Old age, or natural decay	56
Deaths by violence, privation, or intemperance	13
Causes not specified	6
Deaths from all causes	756

NINTH ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, HELD AT YORK, ON TUESDAY AND WEDNESDAY, AUGUST 3 AND 4.

(By Express from our own Reporter).

THE ninth anniversary meetings of this association took place at York on Wednesday and Thursday. A council meeting took place on the previous day at the Museum, where the necessary *pro forma* arrangements as to the conduct of the general business were made. The first general meeting was held about one o'clock on Wednesday, at the Theatre of the Museum, the various committees having previously arranged their reports. The following gentlemen attended as deputations:—Dr. Webster, Dr. Marshall Hall, Dr. Rowe, Mr. Farr, Mr. Bottomley, of Croydon; Mr. Davidson, of London; and Mr. Crisp, of Walworth, from the British Medical Association; Dr. Brown, of Sunderland; and Dr. Chalton, of Newcastle, for the North of England Association; and Dr. Maunsell, of Dublin; and Professor Williams, from the Irish Association. The retiring President, Dr. Steed, of Southampton, having been unavoidably absent on account of a heavy domestic affliction, Dr. Barlow, of Bath, took the chair on his behalf, and vacated it to give place to Dr. Goldie, of York, the president elect, who then proceeded to address the meeting. He first congratulated the association on the cordiality with which they would be received by the mayor and various authorities, public bodies, and institutions of the city; among which he mentioned the Museum, the Lunatic Asylum, and the Friends' Retreat—all of which would most agreeably occupy their leisure time and attention. He then briefly called attention to the various reports and other business which would come before them, and concluded by thanking the association for the high honour that had been conferred upon him. He then called upon Dr. Jeffreys, of Liverpool, who drew the attention of the profession to an astringent vegetable (*matico*) imported from South America, and known in that country by the name of *herba soldado;* its powers as a styptic were great; it had also been mentioned by French and other authors, and appeared to have been applicable to venereal and other diseases; it was used externally and internally; as an infusion, half an ounce of the vegetable should be put to a pint of water. Dr. Jeffreys then presented a quantity of packages containing specimens of the species, and observed that he should be happy to give them for the use of the members, who should report to him the result of their experiments thereon.

Dr. Hastings, the Hon. Secretary, then read the report of the Council, as follows:—

OUTLINE OF THE REPORT OF THE COUNCIL.

The Report of the council was next read by ——— it was as follows:—The Council have again the high gratification of assuring the Members that they have every reason to consider the affairs of the Association in a flourishing condition; that during the year that has passed away the objects for which the Association was originally instituted have been steadily pursued, and that there is hitherto no reason to anticipate that the zeal by which the Society has been in so short a period brought into so efficient a state, will at all decline.

MEMBERS.—The number of Members is now twelve hundred and fifty, exclusive of the junction of the East York Association now determined on.

TRANSACTIONS.—Since the last Anniversary the Society has published its Ninth Volume of *Transactions;* and this volume is devoted to subjects which are of very considerable moment. The Medical Topography of Shrewsbury and its neighbourhood is therein illustrated, and thus a very considerable district in the midland counties has been added to those which had previously been mapped out in the preceding volumes. The Council cannot avoid remarking that they attach a high value to the continuation of essays of this nature, as the means of gradually accumulating a medical history of every part of England in their *Transactions.* It is not too much to say that this attempt has not before been made in this country; and its obvious utility strongly enforces it upon the enlightened investigator of the laws which govern health and disease in various localities. No other mode of publication can be so convenient for these topographical memoirs as the *Transactions,* and it is on that account very desirable that nothing should occur to prevent this work being continued. It has however been remarked that for several of the papers that are published, it would be desirable to have a quicker means of communication than is supplied by the annual volume. This consideration has for some time been present to your Council; and they have long been of opinion that a weekly periodical journal, in connection with the Association, would form an appropriate vehicle for these communications. The expense incident to such an undertaking has been the great obstacle to making this attempt, although its manifold advantages were strongly felt by the Council. They could not conceal the fact that a periodical publication, which would bring the Members of the Association into weekly communication, and afford them a powerful organ through which their opinions might be heard when occasion required, would be highly advantageous, by combining their exertions and concentrating their opinions.

FINANCES.—The finances continue in a prosperous state; and although the expenses this year have from various causes been very heavy, there is a considerable balance in favour of the Society.

	£	s.	d.
The income amounts to	1440	0	0
The expenditure amounts to	858	0	0
The balance is	£582	0	0

PAROCHIAL MEDICAL RELIEF.—Your Council have been much engaged during the present year in endeavouring to obtain an alteration in the mode of Parochial Medical Relief. On the approach of the last Session of Parliament it appeared to your Council desirable to promote a general movement of the profession in support of the clauses which Mr. Serjeant Talfourd proposed to introduce into the Government Poor Law Bill. Uniformity of opinion on this long-contested subject was however not easily to be attained; and it was not until the Session had far advanced, and your Council had appointed special Delegates to proceed to London, with power to make definitive arrangements, that a series of clauses was agreed upon for production in Parliament. Petitions in favour of these clauses were immediately set on foot, and the form recommended by your Council very generally adopted. It is believed that in no previous Session of Parliament have a greater number of petitions been presented for an amendment of this department of Poor Law administration. The result has been that satisfactory indications of increased attention to the just requirements of the profession have been manifested by several leading Members of the Legislature, and no less than three distinct and somewhat different propositions relative to medical relief have been entered on the journals of the House of Commons: the first by Mr. Wakley, the second by Mr. Law Hodges, and the third by Mr. Serjeant Talfourd; all of which however have been set aside for the present by the withdrawal of the Poor Law Amendment Bill. The peculiarities of these several propositions are discussed in a Report of the Poor Law Committee, which will be laid before this meeting, when it is hoped that we may arrive at some decision relative to the course to be pursued preparatory to the re-introduction of the measure into the House of Commons. We are happy to avail ourselves of this opportunity to express our sense of the obligation which the profession at large, and this Association in particular, are under to Mr. Serjeant Talfourd, for his unwearied efforts to effect a satisfactory adjustment of this question.

EMPIRICISM.—Our indefatigable associate Dr. Cowan, as Chairman of the Section on Empiricism, has given assiduous attention to this subject, and will be prepared with a Report upon it. This question is so intimately connected with that of Medical Reform, that your Council have always considered that the best chance of diminishing the enormous extent to which Empiricism, both in and out of the profession, prevails, is by elevating the character of those who practise it, and by enlightening the public mind, so as to enable the unprofessional person to distinguish between the educated practitioner and the pretending charlatan.

So far, therefore, as any legislative measure be made applicable to the abatement of this ev

seems manifest that it must be co-ordinate with that of Medical Reform, which, for the last twelvemonth, has, more than in any other similar period, engrossed the consideration of the profession, and has at length forced itself on the attention of the Medical Corporations, and has been discussed within the Commons House of Parliament. Your Council, consequently, have necessarily been deeply interested in the proceedings; and it is incumbent upon them briefly to state their share in the attempt that has been made to effect an amelioration of the polity of the profession.

Medical Reform.—It should be borne in mind by the Members, that at the Anniversary Meeting at Southampton, it was resolved, "That the Central Council be empowered to act on behalf and in the name of the Association until the next Anniversary Meeting, in presenting Petitions to Parliament, or in such other procedures as circumstances may render necessary."

In fulfilment of the important trust thus reposed in them, the Council have not failed to give their best consideration to any proposals that have been made for the advancement of Medical Reform; and on the 21st of November they resolved, "That it is expedient to appoint Delegates on behalf of this Association, to watch the progress of any measure having for its object Medical Reform, and to confer with Delegates who may be appointed by other Associations for a like purpose;" and "that Dr. Forbes, of London, and Dr. Barlow, of Bath, be the said Delegates."

The propriety of the above appointments was made clear to the Council, not only in consequence of the known talents of the gentlemen appointed, and their practical acquaintance with the subject, but was also recommended by the circumstance of both of the Associates being members of the Committee appointed at several successive Meetings to watch over the interests of the profession. There was, however, some difficulty in obtaining the consent of the parties to undertake the office; and Dr. Barlow stipulated that his attendance in London should be dispensed with, and that he should only be considered a consulting Delegate.

A representation being made to the Council that it would be expedient to appoint a larger number of Delegates, especially as Dr. Barlow could not attend in London, they met on the 14th of December, and resolved to request Dr. Macartney, late of Dublin, Dr. Cowan, of Reading, Dr. Hennis Green, of London, Mr. Crosse, of Norwich, Mr. Ceely, of Aylesbury, and Mr. Wickham, of Winchester, also to act as Delegates at the approaching Conference.

The Secretaries wrote to these gentlemen, and conveyed to each of them the request of the Council, and they were pleased unanimously to consent to attend the conference; and accordingly on the 16th of January, the Council resolved that the Associates above named be added to those before appointed, and that they be requested to attend in London.

As the time of the meeting of the Conference approached, the council considered that it would be desirable to intimate to the Delegates of the Association in some measure, what their deliberate opinion was on the subject of Medical Reform; but at the same time they were anxious to leave the Delegates free to act as they might think fit. They therefore, on the 30th of January, unanimously agreed to the following resolutions:—

"1st. This Council are of opinion that existing institutions ought to be respected in the adjustment of the long-agitated question of Medical Reform.

"2nd. This Council are not satisfied with any of the Bills that have been hitherto brought forward.

"3rd. That a copy of the foregoing resolutions be sent to each of the Delegates appointed by the Council of this Association."

Accordingly, all the Delegates received the foregoing resolutions, and all, excepting Dr. Barlow and Mr. Crosse, attended the Conference in London, which commenced on the 3rd of February; and several successive meetings were held, at which certain clauses were passed that, it was understood, were to form the basis of a Bill to be submitted to the House of Commons.

By the 22d of February the Council received intimation, by letter, that four of the Delegates, Dr. Macartney, Dr. Forbes, Dr. Cowan, and Dr. Hennis Green, wished to resign their offices; and thus only two Delegates were left to represent the Provincial Association in the Conference.

Under these circumstances, the Council again met on the 23rd of February, to consult on further proceedings. They felt that they had a very important trust reposed in them, which they wished to discharge faithfully; and finding that the Provincial Association had not now, from the small number of its Delegates, that weight in the Conference to which the large number of its Members entitled it, they considered that they should be forsaking the duty which they owed to the Association, if they did not take care and guard them from being pledged to measures, which might be adopted by the Conference, and which, although they might disapprove, they could not prevent. They therefore resolved "That this Council do not consider that the Provincial Medical and Surgical Association is pledged to support the Bill which may have passed the Conference of the Medical Association in London, since some of the Delegates appointed by this Association have not attended, and others have resigned, and the Council are ignorant of the clauses of the proposed Bill. That the resignation of the Delegates be accepted, and that no other Delegates be appointed. That this Council are exceedingly anxious to do all in their power to assist in the settlement of the long-agitated question of Medical Reform, and will continue to meet at short intervals to give their best consideration to the subject."

The Council met again on the subject on the 6th and on the 12th March, and, after much deliberation, they resolved upon writing to the Medical Corporations in London, and informing them that the future proceedings of the Council of the Provincial Medical and Surgical Association would depend in a considerable degree on the nature of the reforms proposed to be adopted by existing institutions.

The Corporations, in replying to this communication, expressed their strong desire to redress the grievances of which the profession complained, and stated that they had several important alterations under consideration, but that their plans were not yet sufficiently matured to submit them to the Council.

On the 3rd of April the Council again met, to receive the replies from the Corporations, and to take proceedings thereon, and resolved, "That the Council are of opinion that no measure of reform can be satisfactory to the Medical Profession which is not calculated fully to redress the grievances complained of, as set forth in the Report of the Reform Committee of the College of Physicians. That any measure which does not provide due protection to the members of the profession will be defective and unsatisfactory. That no measure will meet the approbation of the profession at large which does not recognise the representative principle in the construction of the governing bodies. That a copy of the foregoing resolutions be sent to each of the three Medical Corporations."

To this communication your Council have received no reply, and hitherto no public notification has been given of the plan of reform which the Corporations intend to propose; and your Council therefore are not by any means committed to any measures that may be brought forward by them.

It is manifest that the present state of this question is such as to demand from the Association the most careful and judicious management; and the future steps to be taken in pursuit of the highly-desirable end we have in view will require mature deliberation, and a comprehensive survey must be taken of the opinions and sentiments of all parties concerned. Your Reform Committee are prepared with a Report, which your Council do not hesitate to say will embrace all these considerations; and they recommend the Members to give a careful perusal to this Report before they make up their minds as to the course which this Association should pursue, in endeavouring to obtain an improved system of medical polity.

Benevolent Fund.—The operations of the Benevolent Fund of the Association have been suspended during the past year, in consequence of the Resolution passed at Southampton, prohibiting the Central Committee from granting any future relief until the debt due to the Donation Fund should be paid off, and a sum of £100 available to such calls, should be in the hands of the Treasurer. The Council are happy to be able to announce that the former object has been accomplished; but as a Report will be presented from the Central Committee, they do not consider it necessary here to enter into further particulars. In the mean time, however, the Council would continue to urge upon the Association the importance of this branch of it, so capable of being made the means of effecting so much good, at so very small a sacrifice on the part of individual members.

In reference to this Fund it is desirable to remind the members that Dr. Cowan, of Reading, has given notice that he shall propose a Resolution at this meeting to make it compulsory upon every Associate to subscribe five shillings per annum to the Benevolent Fund, in addition to the present annual subscription of one guinea, for general purposes.

Section on Medical Topography.—The subject of Medical Topography was referred by the Council last year to several of the Members, and the Chairman of the Section, Mr. Addison, will be prepared with a Report to be read at this meeting.

Congratulatory Address to the Queen.—Your Council, at the suggestion of our excellent President, adopted an address to the Queen, H.R.H. Prince Albert, and H.R.H. the Duchess of Kent, on the auspicious occasion of the birth of the Princess Royal, which Addresses were presented through the Secretary of State for the Home Department and other State Officers, and most gracious answers to the same were received.

Conclusion.—The council may be permitted, in concluding their Report, to observe that there never was a period in the history of medicine more urgently requiring the united efforts of the profession than the present, and consequently there never was a time more urgently requiring the aid of such an Association as that whose ninth anniversary we now celebrate. Maintenance of the honour and dignity of the profession in the provinces is one of the express objects for which we associate; yet at this time a very strong impression almost universally prevails that the present system of medical polity is not such as tends to maintain the honour and dignity of the profession, and it is evident that at no distant day important changes must take place. Upon this Association will devolve a great responsibility, and therefore it is the more necessary that we should be cautious and wary in what we do. Above all, let every associate remember that whatever may be the fate of the present agitation, we combine together for the noble purpose of lessening the sufferings of mankind; and that the investigation of the laws of mortality, and the diminishing the fatality of disease, will continue to engage our attention and to be the distinguishing mark by which this Association will claim the support of those who are interested in the advancement of medical science. Keeping these objects steadily before us, we need have no serious apprehensions of the success of the Association; for even if unfortunately all those advantages which are anticipated should not flow from the proposed changes, the Members of this Association will at all events have great gratification in the reflection that their energies have been devoted to worthy objects, and that they have been occupied in pursuits which must ultimately lead to improvements in the healing art, and to the augmentation of the happiness of the human race.

This Report was then carried on the motion of Dr. Colledge, of China, and seconded by Mr. Garlick, of Leeds.

The thanks of the Association were then voted to Dr. Steed, the retiring president, on the motion of Dr. Holme, of Manchester, seconded by Mr. Ceely, of Aylesbury.

Dr. Barlow then moved the thanks of the Association to Dr. Hastings and Mr. Sheppard, the Secretaries of the Association, and that they be requested to continue their services. This motion was seconded by Dr. Jeffreys, and carried by acclamation.

Dr. Hastings briefly replied, and took the opportunity of stating that, so onerous were the duties of the Association's secretary become, and so pressing were his own professional duties as a physician, that at no distant day he should be reduced to the necessity of resigning the charge into more efficient though certainly not more zealous hands.

On the motion of thanks to the Council, for their past services, and recommending the addition of se-

veral members to their number, which was moved by Mr. Hare, of Leeds, and seconded by Mr. Barnett, of Stourport, a discussion ensued, raised by Dr. Lecock, of York, who observed that the Council were not elected on the representative principle, but were added in a yearly lump, which would, in the course of time, amount to an unwieldy bulk. Dr. Webster having taken the same view of the subject, Dr. Hastings and Dr. Streeten replied, asserting that, as far as was possible, the representative principle was carried out in the election of the Council, for that the members of the profession residing in the several localities were of course better qualified to judge of the capabilities of the gentlemen whom they elected to represent their views in the general Council. This was supported by Mr. Husband, of York, and Mr. Cooper, of Hull, when the conversation dropped.

Dr. Jeffreys proposed, and Dr. Barlow seconded, the election of Dr. A. Muhry, of Hanover, as honorary corresponding member of the Association, which was agreed to by acclamation.

Dr. Barlow next read the report of the Reform Committee which did not extend to great length. Its principal points were the enforcement of the necessity of a uniformity of qualification as a claim to general practice, with the establishment of an examining and licensing Board; but that the ministers of the Crown were the proper parties to commence the subject, and that this Association should memorialize the Secretary of State on the subject. Dr. Barlow read a memorial which had been prepared by the Committee for that purpose.

Mr. Nooman, of Bath, then moved the thanks of the Association to the Reform Committee, and that they should be reappointed. This motion was seconded by Dr. Brown, of Sunderland, who stated that the recommendation of the Committee that the Ministers of the Crown should be memorialised as the proper parties to introduce a bill, was in full accordance with the opinions of the vast majority of the profession. Dr. Marshall Hall opposed the recommendation, and observed, it had been stated that reform could not be trusted in the hands of the Colleges of Physicians or Surgeons, and he thought it could be added that neither could the matter be trusted in the hands of her Majesty's Ministers, for they would, of course, have to seek information in the plans they pursued, and would not that information be procured from existing Colleges and Corporations? (Hear.) Other observations having been made by Mr. Salmon, of London, Dr. Black, of Manchester, gave his opinion that the vague term "Medical Reform" should not be employed in the report, but that the specific object of the memorial should be confined to that of medical education. Dr. Webster also observed that a specific statement should be made in the memorial as to the particular principles which the Association advocated. After some further remarks from Dr. Maunsell, Dr. Barlow and others, as to the eligibility of addressing the government at the present time; the report was put and carried; but on the motion that the memorial should be presented, Dr. Webster observed, it was useless in the present position of the government; and he further moved as an amendment, that the principles to be adopted in the memorial should be specified as, first—a proper qualification, which was a minimum qualification;—second, the registration of all duly qualified practitioners;—third, the incorporation of the profession into one general faculty of physic;—fourth, a representative principle of government;—and fifth, an entire regulation of the practice of pharmacy. Dr. Maunsell followed in support of this proposition, who further recommended the establishment of a small executive body, armed with funds, who should be located in London, and enabled to communicate with the government as well as the various corporations and associations in the country. Dr. Hastings replied, that the safer course would be to take up the question of qualification, which, when once obtained, would no doubt be speedily followed by everything else which was desirable to the profession. Dr. Webster did not care how his amendment was put, so as the principles therein contained were recognised. It was then put separately, and carried, that the memorial should be agreed upon; after which, the amendment of Dr. Webster was withdrawn, and the meeting shortly afterwards adjourned.

At eight o'clock in the evening of the same day, the second general meeting of the Association was held at the same place, when the reports of the Poor Law and Benevolent Fund Committees were read, as also Mr. Addison's report on the Section on Medical Topography; but the proximity of these proceedings to the time of our publication renders it imperative on us to postpone their insertion till our next number.

Papers and cases were announced to be read by the following gentlemen:—Dr. Fisher, of Downing College, Cambridge; Dr. Black, Manchester; W. Newnham, Esq., Farnham; J. L. Williams, Esq., Denbigh; S. Hare, Esq., Leeds; Dr. Tunstall, Dawlish; J. W. Gutch, Esq., London; R. Ceely, Esq., Aylesbury; W. Sweeting Esq., Abbotsbury; and Dr. Davies, Presteign.

CORRESPONDENCE.

OVARIAN DROPSY.

To the Editor of the "Medical Times."

SIR,—The "Medical Times" for March 27, 1841, contains an account of a case of Ovarian Dropsy, sent by me. Presuming the readers of your valuable journal would take some interest in the case, I again trouble you with the result of another operation upon the same patient.

In my first communication, I stated that the operation had been performed six times, and the total quantity of fluid removed, 35 gallons. On the 25th of June last, Mrs. B——— submitted to the seventh operation (seven months elapsing between the two last operations, as before). 80 pints, or ten gallons of a semi-transparent fluid were removed, being an increase of four pints over the quantity removed in November, 1840. The patient was but little affected by the loss of the fluid, and is now enjoying her usual share of health. Upon examining the fluid, it was found to be highly albuminous, neither acid or alkaline; and its spec. grav. 1018. For a short period after each operation, a large quantity of urine is secreted; but, at the end of the first month, it is diminished to about 10 ozs. in the 24 hours, being the usual daily quantity passed from one operation to another.

Should you consider these remarks upon this case worthy a place in the "Medical Times," you will oblige your's, very truly,

SAMUEL S. BRAME,

Lowestoft, July 29th, 1811.

To the Editor of the "Medical Times."

SIR,—Painters, we are told, are puzzled to convey to canvas the likeness of the dumpling cherub faces of children, from the absence of strongly-marked and prominent features. I find myself in the same difficulty, when I undertake to give a sketch of the Two Dromios of Syracuse, the Scotch Siamese Twins of the British Medical Association, between whom so many points of resemblance exist, if not in appearance, at least in opinion and general conduct.

Dr. Webster, the cleverer man of the two, shall have the precedence of gentlemanly appearance, "too thin to be a guardsman, too tall to be an accoucheur," with good and rather agreeable face. The scientific eye might find fault with the want of breadth of brow, and the too slanting os frontis that crowns the countenance—that doth surmount the "palace of the soul." His address is pleasing; an obsequiousness of manner, unbefitting the dignity of a professional man, an useful, intellectual member of society, considerably detracts from its effect. In other society, where he feels himself more at home, and when he is more himself, and there is no object to be gained, he assumes a reserve, a *hauteur* which he mistakes for dignity, to which neither conversation, talents or attainments entitle him. On a larger stage, at a public meeting, when hundreds of the profession were present, he showed himself totally unequal to the task. The unbounded confidence which he exhibits on other occasions here deserted him. He sweated and stammered through a miserably-written discourse with the greatest suffering to himself and pain to the assembly, only equal to their satisfaction on being told that it was concluded. They had fancied so often he had finished, that they would not believe it, until he had sat down; in those performances, the *Lancet* came to his aid, and a rational and well-arranged article appeared in its columns after a week or two's digest.

This gentleman first recommended himself to the support and sympathy of the profession by his bold and spirited resistance to the tyranny of the Poor Law Commissioners, when their jackals endeavoured to establish Medical Independent Clubs in Dulwich. He was, therefore, made the victim of the petty tyranny of the Board of Guardians, and his services unjustly dispensed with, without any fault being found with the manner in which he performed his duty, no one having dared to impugn his professional capability and skill. The opposition extended to the Borough, and the medical men, proving true to each other, the efforts of the Commissioners were defeated. Dr. Webster was very properly elected their chairman; and this body, emboldened by success, laid the foundation of the present association, and drew up laws for its government. The first regulation prevented any member to continue president more than two years.

The subject of this sketch availed himself of this opportunity of his situation to open communications with the heads of colleges, members of Parliament, and Secretaries of State; and, being an industrious, if not a clever, penman, he made abundance of work for himself. In process of time, he earned a considerable notoriety, and by some tact, and by playing Caliban to *The Lancet*, that neglected no opportunity to keep his name before the profession, he found himself pitchforked from comparative obscurity into some note. He is (it must be confessed), if deficient in striking and brilliant parts, of powers of argument or eloquence, or of ability to represent the wants of the great body, possessed, in an eminent degree, of a perseverance—an industry—that knew no tiring, and a power of face that nothing can conquer or abash. Every night of meeting found him in his place, with a budget of correspondence with this person and that; and, although unauthorised by the Council, he affected so much meekness and contrition for having exceeded the powers intrusted to him, that it disarmed censure; and if disposed to find fault with the redundancy and diffuseness of his epistles, the zeal he manifested in the cause induced the members to pass them over without observation.

Pleased with his power, he had not fortitude to lay it down according to the first rule in the laws which he himself enacted. No person could preside more than two years. He could not bring himself to resign the reins into any other hands. From this source began the game of intrigue and diplomacy and mismanagement in the proceedings; at first, everything glided down the stream without a ripple on the surface. He gave his little senate laws; but, when it ceased to be a knot of borough men, and persons of a different description joined, who expected that the principle of their incorporation would be fully carried out, and spurned every manœuvre that could not be supported by truth, equity and argument, they saw that their reign was at an end, and they tried, by encouraging dissension, splitting themselves into little sections, and by countermining, to counteract this more bold and high-principled course of conduct. He fell, as greater men did before, from the promptings of a vain ambition; all its attendant train—envy, jealousy, and all the passions of little minds—were gradually introduced, and ultimately led to the secession of the principal members. It was the beginning and the end of the greatness of the Association.

"*C'est le premier pas qui coûte.*" One wrong step leads to a thousand others. Hilles, I'on, Simpson, Bainbridge, and a host of good and useful men, who were disposed to forget their faults, and overlook their inability, and even to tolerate their assumptions, for the sake of promoting and sustaining the general question, at last were forced to leave them in disgust. And we have another instance of the truth of the old saying, "honesty is the best policy." Here is the engineer hoisted upon his own petard, the victim of his own inventions,—his schemes and speculations defeated. The crew that manned the vessel abandoned it, and he, fast drifting upon a lee-shore, without a hand being extended to save him. It is true that their proceedings, like their pl were absurd and impracticable, and tha

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medical as in general politics, extreme measures will never be sanctioned by the legislature; and that Chartism has a better chance of becoming the law of the land, than Webster and the Council becoming the examiners and administrators of the One-Faculty scheme; and that such principles must have eventually ensured its dissolution. All this is very true; but they would have augmented their numbers, would have made a gallant stand; and the president would have shone by a borrowed light, bold manifestoes, systematic onslaughts on the weak parts of the fortress of corruption, and spirit-stirring appeals to the passions of the profession; novel and daring, projectiles launched at the monopolists, would have terrified them at least into substantial concessions; and he would have retired with honour from the stage. They are now a blank; they merely eke out a negative existence; no systematic arrangement, no capacity for making sound induction, no power of discrimination, no proclamation of the course of action that the general body should pursue at this critical moment, when the profession requires instruction as to the measures which are wise and politic to adopt; no fixed, definite and specific remedy, which would unite all members of the profession, and place them in just and distinct array with the few, the interested, the monopolists suggested or enunciated; and, instead of being prepared to go before parliament with a moderate and rational measure of reform, which the profession would generally support, Webster and Hall, and two or three gentlemen, who are strange to us as reformers, who were unknown to the counsel, or the members, have set out to York (*it ought to have been Bath*) on a Quixotic errand, to enter into a polemical disquisition upon certain abstract principles which are altogether irrelative to what the great body is anxious to attain, and in which controversy it needs little prophecy to affirm who will be signally defeated.

Dr. Webster had a fidus Achates in a person whom, with all his puffing, he could make nothing of, and of whom the profession knows little. The two are true to each other, like certain confraternities that shall be nameless, merely because they found that they mutually needed each other's aid. They gave him the cognomen of "David's Son." One look at this awkward and burly Highlandman—one moment's converse—would satisfy you that he was not so denominated from any fancied resemblance to Absalom, or to Solomon. This individual, who is Webster's journeyman, and the most active of the clique, never aspires to lead, or to suggest; he is content to passively submit to his master in all things. He is his Man Friday. He thinks, he speaks, he acts, he does the dirty work of the party. The mantle of Sir Pertinax has fallen upon his shoulders. He will never lose anything by want of "a booin." His great rule of action, the acmé of his wisdom, is to scratch all those who will scratch him,—

> Eternal smiles his emptiness betray,
> As shallow streams run dimpling all the way,
> When in foolish impotence he speaks,
> And, as the prompter breathes, the puppet squeaks.

This ponderous personage now and then inflicts, for a few minutes, a string of unconnected sentences upon his audience, and plunges them in a philological puzzle, to ascertain whether it be Gælic or ancient Erse he is chawing for their edification. He never rises but to second whatever Webster asserts. His annual exhibitions are curiosities of leaden literature, that the profession can never forget. He, to do him justice, tries to earn, by being an indefatigable fag, the promise of his patron, that, when the corporations are cut up, a good and thick slice will be thrown to him. Alack-a-day! good Mrs. Glass, catch your hare first! He is most vehement in his wrath against the corporations; the few scanty locks that stray on his hyperion frontispiece stand erect, "like quills upon the fretted porcupine," whenever their name is mentioned. Nothing but their total extinction will soothe the stomach of his "bloody purpose." The One-Faculty scheme—no surrender! is his motto. We invariably find that those small big men, who talk so large, only make up in warmth what they want in wit, and those who ope their hungry jaws the widest are the first to close upon a bone or any sop that may be thrown to stop the noise. He is industrious, like all his countrymen. He was early trained to labour. He graduated under Teddy the tiler. It is no wonder that he is practically acquainted with *fundamental* principles, and entertains very elevated notions, as he was brought up, we hear, in a very exalted sphere. No difficulty can deter him, and no one knows the length this quality can carry a man. Juvenal could have preferred the Scotchman to the Greek, when he said—

> Græculus esuriens, si jusseris, ibit in cœlum.

He has had an attack of jaundice, with enlargement of the spleen, from being daily annoyed with the sight of a rival's carriage and of his great professional success. He is getting over it, we are glad to hear, and is about to purchase a donkey, for the benefit of the exercise, and in order to make a proper appearance. He resides near the House of Commons, as he intends to represent the profession, as soon as they can afford to allow him £500 a year. Webster and David occasionally amuse themselves with an affected altercation, to give the appearance of independence, and the non-existence of any coalition; and, after saying very ugly things of each other, they walk home, arm in arm, together. They never succeeded in the attempt. It was quite clear that they carried clanship in the same pack in which they carried their bickerings, and that among those,

> Quis nudo traducit Scotia talo,

an implied agreement that they will, right or wrong, support each other; for all the gentlemen from that country lost sight of the question in their nationality, and sacrificed most recklessly principles for persons, and thus prevented a wise and just consideration of the objects of the association.

The representatives of the Worcester and Provincial Associations have taken the matter out of their hands. After long-continued and dispassionate enquiry, they have concluded that sudden or abrupt legislation, in the present state of the profession, would be highly injurious to its best interests, and have resolved to apply to Parliament for those simple and unobjectionable regulations for its government upon which all are agreed; leaving to time, and more mature deliberation, the consideration of ulterior and more organic changes in the profession. They have virtually repudiated all connection and cooperation with the extreme section of the British Medical Association; and Webster finds that the men whom he boasted he could manage, have turned their backs upon him and his nostrums, and ignominiously and wisely rejected them.

We have done with David;—we have to apologise for wasting so many words upon him. He is a very decent, judicious practitioner. Nature never intended him for a leader, for a representative; mind your patients—give up politics. You are out of your depth; Webster only uses you as a tool! Adieu. We will give Farre and Lynch in our next; it will be trying our hand on light and shade. They are the antitheses of the two we have been describing. To the former, more especially, the profession owes much; and both have "sat apart" from the transactions which we have attempted to describe.

PROBE.

PROCESS FOR PREPARING A PURE AND CONCENTRATED WATERY SOLUTION OF OPIUM FREE FROM NARCOTINE.

BY T. & H. SMITH, Chemists, Edinburgh.

We are certainly not of the number of those who hold the artificial salts of the active principles of opium in slight estimation, but, on the contrary, we feel that their discovery forms a most important and interesting event in the history of pharmaceutical science, and entitles the chemists to whom we are indebted for them, to the lasting gratitude of the profession. Nevertheless, as the natural combination of morphia, as it exists in crude opium, does, and in all probability will continue to be preferred, and used by a great proportion of medical men, it becomes a matter of great importance to obtain a preparation which shall be free from objectionable properties, and approach as nearly as possible to excellence. The following formula for a solution, we submit to the medical profession, by whose decision its title to such a character as the above, will and ought to be decided.

Macerate for twenty-four hours any quantity of opium in as much water as will be sufficient to cover it completely, and press the solution through a cloth; digest again for the same time in a like quantity of water; again press out, and repeat the process exactly in the same manner, till the opium has been exposed to the action of seven waters, when it will be sufficiently exhausted. The waters are then to be evaporated to the consistence of a soft extract, the concentration being finished over the water bath to prevent the active principle being injured by too great a heat. Take up the soluble parts with repeated portions of water, filter, and again evaporate with care to a syrupy consistence. Expose the syrupy extract to the influence of ether, for the purpose of removing the narcotine; after the ether has become saturated, pour it off, and add fresh portions, till on evaporating a small quantity, no solid residuum is obtained. The extract now freed from narcotine is to be heated in a water bath to drive off the ether completely, and digested in alcohol till nothing soluble in that menstruum is left. A large quantity of inert matter will remain, which we have proved experimentally to be quite free from morphia. The alcohol must now be distilled off, and the residuum of distillation dissolved as completely as possible in cold distilled water; a farther portion of inactive pulverulent extractive matter will remain undissolved. The solution, after filtration, is now to be set aside for two or three weeks, when a considerable quantity of solid matter will be found settled to the bottom, from which the liquid must be separated by filtration, and evaporated till about 12 oz. are left for every 4 oz. of opium used; filter, add 2½ oz. of alcohol, and enough of distilled water to make 16 oz. The solution thus obtained, is of a much lighter colour than laudanum, and much more fluid; it is also quite free from anything nauseous in taste or smell, the taste being only slightly and not unpleasantly bitter, even in the undiluted state. It is also miscible without muddiness with watery and spirituous liquids; but of course will be decomposed by all substances which act on the morphia salts, as it contains, if rightly prepared, the full quantity of that principle which an equivalent portion of crude opium would give. This we have proved by precipitating the morphia from the solution, and forming a muriate, when we obtained from a quantity equivalent to 4 oz. of opium, between 3 and 4 drachms of the salt, which was nearly white at the first crystallization, having only a slight fawn tinge, and was perfectly free from narcotine. One of us was as completely narcotised with 8 drops of the solution, as he would have been with about 30 drops of laudanum.

Although the solution is so much freed from principles subject to decomposition, it will be found necessary to add the proportion of alcohol recommended, as it will not keep unless this addition be made; its surface, if it be allowed to stand undisturbed for some weeks, beginning to exhibit some appearance of mould. The quantity of spirit added, however, forms so small a proportion, that the preparation may with perfect propriety be considered a watery solution of opium. An ordinary dose does not contain more than about two drops of alcohol, a quantity so minute that it is unnecessary to take it into account. We have also prepared a solution much more concentrated, by evaporating the pure liquid so far, that every 24 oz. shall contain the soluble narcotic principle of 16 oz. of opium; its dose is from 3 to 5 drops; its consistence is not much greater than that of laudanum, and it is transparent.

A good liquid preparation of opium should, we conceive, be characterised by the following features, and it has been our aim to make as near an approach to them as possible in the above solution. 1. It should not be subject to change or decomposition by keeping. 2. It should be as free as possible from principles inert or hurtful in their nature. 3. The menstruum should have no action in itself which can modify or obscure that of the narcotic. 4. The mode of preparation must not be productive of injury to the efficient principle of the opium. 5. It should be as free as possible from any nauseous taste or smell. 6. It should remain clear and transparent on mixing it with watery fluids; and finally, be so concentrated as not to interfere with its portability—a point of no small importance, especially to country practitioners, and with a medicine in such constant and prompt requisition as opium. The foregoing preparations are marked by all these characters, and we therefore consider them entitled to a place among

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the many other useful preparations of opium. A very fine watery extract of opium may be obtained by concentrating the pure watery solution at the heat of a water bath to the consistence of a pilular mass. A similar extract was prepared by Robiquet, but not so completely freed from impurities. Two pounds of opium yield 12.33 oz. extract, so that a grain is equal in power to 2.59 grains crude opium, being about twice and a half its strength.

SIDE-SLIP FOR QUACK'S CORNER.—NO. VIII.

"He starves at home; or practises, through fear of starving,
Acts which damn all conscience here."
Anon.

"The strolling tribe, a despicable race,
Like wandering rats shift from place to place."
Anon.

AURISTS.

THERE are certain descriptions of AURISTS, as well as OCULISTS, who ought to be exposed and denounced by all respectable and intelligent professional men, wherever they make their appearance. The two principal species, are, the SHAM or SELF-DUBBED, and the ITINERANT or VAGRANT AURIST.

The ITINERANT or VAGRANT AURIST pursues exactly the same system as the VAGRANT OCULIST. These impostors traverse the country in all directions, and advertise "EXTRAORDINARY CURES," performed *par coup-de-main*. Some of these vagabonds announce themselves under the title of DR. or MR. SO and SO in sundry places, where—"He intends to delay his stay for a few weeks longer," &c. These SWINDLERS obtain numerous and even respectable dupes. To reason against such imposture is almost superfluous, since, of all derangements, universal experience has proved that NONE, under the most skilful individuals, who have given particular attention to the subject, are more immoveably stubborn cases—that none are so rarely treated with success—as CASES of DEAFNESS. Since the salutary use of the stocks and whipping-post and the cat-o'-nine-tails have been abolished, and the suitable exercise of the tread-wheel has not been extended, under the Vagrant Act, to the AURIST CLASS of rogues, vagabonds, and strollers, exposure and posting as a "caution to the public" in the local newspapers, wherever they appear, is the only mode of extirpating them. The method is ethical and professional, and we have often availed ourselves of it to the great amusement of ourselves, and the best success.

The EYE and EAR, especially, have formed a field in this country for superfluous subdivisions of the profession; and the public have been brought, in a great measure, until lately, to conceit that the diseases of the eye and ear, as requiring division of labour and exclusive attention to ensure PERFECTION of SKILL, should not be attempted by the practisers of general surgery.

"Such," says our old preceptor Mr. Liston, "has been the division of labour in these days, and such is *the folly of our countrymen*, that a distinct profession is founded on the operation of squirting water into the external ear. It is true that other operations are talked of by these Aurists, as they style themselves; but the advantage to be derived from any of them is often very doubtful. They talk of deafness arising from a deficient secretion of cerumen (wax);—from dryness;—or eruptions in the meatus" (external auditory passage or tube). Heating and stimulating applications are poured in; for example, oils! ointments!! mercurial salts!!! acetic acid!!!! garlic!!!!! are all combined. They even go so far as to recommend MERCURIALS (!) to correct the state of the general health; to improve or rectify the chyloporetic viscera, the assistant chyloporetic, and the whole of the digestive organs; upon the derangements of which, say they, many cases of deafness depend. The FOOLS, who apply to such CHARLATANS, deserve to have their pockets well drained, but ought scarcely to be poisoned."

As we stated in the preceding papers on oculists, ever since Saunders, Lawrence, Travers, Guthrie, Green, and most of the provincial surgeons to general hospitals and dispensaries, have taken up the eye, and added the study of that organ and its diseases to general surgery, the exclusive charm and attraction of the PURE oculist has been rapidly waning to an end.

The diseases of the EAR ought no more to be abandoned to a particular class of pretenders than the diseases of the EYE, which form a much more wide and difficult subject, embracing a great variety of practice, and many very nice surgical manipulations. But the ear, nevertheless, has opened a way for impositions and exactions, for which no return could be contemplated by the dishonest and disreputable parties. To cut our remarks as short as possible, we do not scruple to aver most positively that NINE out of TEN of those interested parties, who dub themselves AURISTS, are nothing but SWINDLERS, under another name;—vile quack-salvers and medicasters, picking the pockets of the public under false pretences.

FUSCUS-RIGDUM-FUNIDOS, M.D.

Quack's Corner, July 29, 1841.

(To be continued.)

ON THE EMPLOYMENT OF ERGOT OF RYE IN POLYPUS OF THE UTERUS.

By SAMUEL SOMERVILLE, M.D., Edin.

(Read before the Edinburgh Obstetrical Society.)

Two cases of polypus of the uterus, in which the secale cornutum was eminently useful, not only in stimulating this organ to expel these masses from its cavity, but also in causing their complete separation, are reported by Mr. Moyle, of Helston, in the number for June of *The Edinburgh Monthly Journal of Medical Science*. In the following case, which lately occurred to myself, the effect of this medicine in exciting the uterus to expel the polypus sufficiently into the vagina to permit the application of the ligature, was well exemplified, and the history of it may not be an uninteresting sequel to those of Mr. Moyle.

Mrs. G., aged 26, had been subject to femoral hernia of both sides for several years, and for some time previous to her marriage, up to the period of her first confinement, had suffered much from leucorrhœa. At the time of her delivery, she had an attack of uterine hæmorrhage, which subsequently returned at intervals, and continued with considerable violence, till she called on me for advice, about fifteen months after her delivery. I did not, at that time, propose an examination, but prescribed a few doses of ergot in powder. The next day she complained of being severely pained, since she had taken the powder; and the discharge still continuing, I examined the state of the uterus, and found a mass slightly protruding through the os uteri, which I believed to be a polypus. The ergot was given in increased quantity, and at shorter intervals, which produced severe bearing-down pains, and in a short time, a polypus, about the size of a large orange, having a thick pedicle, and attached to the anterior surface of the cavity of the uterus, was propelled into the vagina. After an interval of a few days, to permit the irritability of the uterus to subside, a ligature of silver wire was applied by means of a double canula, but it broke on being tightened. Another and stronger wire was applied, and, after it had been firmly tightened, great pain and tenderness of the tumour, and also of the abdomen, supervened. The abdominal tenderness was speedily relieved by antiphlogistic means, but the pain and uneasiness of the tumour still continued, in such a degree, as to require great gentleness and caution in tightening the ligature. The wire, however, gradually ulcerated through the portion to which it was applied. On its separation, the lower half of the pedicle of the tumour was found divided, while the upper half, which probably had been first separated, had become reunited, and a distinct sulcus was felt on its upper surface, where the reunion had taken place. The circumstance of the time required for tightening the ligature being considerably longer than usual, on account of the tendency to abdominal inflammation and the tenderness of the mass itself, will probably account for this unusual occurrence. The polypus became gradually smaller, and the pain in it having abated, another ligature was applied in the same site, which, in a very few days, effected the complete separation of the tumour, and it was removed by the fingers. On inspecting the polypus, the sulcus, where the second ligature had been applied, and reunion had taken place, was perceived extending all round the upper half of the pedicle. The uterus was examined by the speculum shortly after;—the os uteri was still open, and its lips swollen and tender, but these symptoms were speedily removed, and the woman is now in the enjoyment of excellent health.

Dr. M'Farlane, in his Essay on Polypus of the Uterus, in the *Glasgow Medical Journal* for 1828, mentions the following case, where the effect of the secale cornutum was equally decided, and the separation of the tumour was effected without the use of any other means, as in those of Mr. Moyle.

A lady, who had been subject to profuse hæmorrhage for a period of ten months, had for several years been affected with habitual leucorrhœa. After various remedies had been employed without effect, an examination was made, and the uterus felt enlarged. Considering that the continued hæmorrhage might be owing to the presence of a polypus, or some other tumour within the uterine cavity, Dr. M'Farlane resolved to try the effect of the ergot of rye, as, from the character of the lady, and the history of the case, he had no reason to suspect pregnancy. After the administration of some doses of this medicine in infusion, severe pains were produced, which continued for several hours, when, on examination, a polypus was found in the vagina, having a slight pedicle, which in a few days ulcerated, and was easily extracted.

ON THE STRUCTURE OF THE MACULA LUTEA OF THE HUMAN EYE.

By Dr. GRURE, of Königsberg.

THE yellow spot in the human eye is situated at that precise point of the retina which answers to the posterior point of the axis of the eye, and is therefore the only part of the retina in which the eye perceives with perfect distinctness (in *direct* vision) the figures represented on it; since the remaining surface serves, as is well known, only for very imperfect *(indirect)* vision. Of the structure of this yellow portion, which is so much more delicate than the rest of the retina that from its susceptibility of injury it was for a long time conceived to be perforated, I have no precise knowledge. I have often examined it in the most fresh state I could select, with a power of three hundred in linear, but could never arrive at a satisfactory result; and indeed I usually found the structure of the retina in the human eye to be far less distinctly recognisable than in the eyes of animals recently killed. This indistinctness of the objects I conceived to be attributable to the decomposition which so speedily attacks the eye, since, in animals also which have been two days dead, the structure of the retina is no longer distinctly to be seen. The eye is decidedly that part of the body in which traces of incipient decomposition first display themselves; the cornea in a few hours after death acquires a folded aspect, and the eye appears as if it had lost a great part of its humidity.

I recently had the opportunity, through the kindness of M. Von Treyden, councillor of medicine, to examine the eye of a man, who had died a few hours before, of rupture of the spleen; the results of this investigation were so decisive as to afford me the greatest possible surprise. The retina adhered so firmly to the vitreous humour, that it was impossible to separate at least the greater portion of the latter, except by actual cutting with scissors; while it

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well known that soon after death a fluid usually collects between the retina and the hyaloid membrane, which renders the removal of the vitreous humour from the retina extremely easy. It was already perceptible to the naked eye that the plane of the yellow spot arose in a conical form, considerably above the surface of the retina. The size of this elevation I was unable to measure distinctly. I was, however, enabled, with a magnifying power of three hundred linear, to perform one entire turn of the screw of the micrometer, in order alternately to bring into focus the highest point of the yellow spot, and the surface of the retina lying beneath it.

With the view of preserving the object as entire as possible, I did not compress it strongly, but placed over it a very thin plate of glass, a quarter of an inch in size, in order to level the conical elevation. The appearance which the yellow spot now presented most nearly resembled the shagreen formerly used by stationers for the covers of cases, &c. Elongated, rounded particles, gradually tapering towards the middle, and about one-fourth or one-fifth the size of particles of marrow (markkörperchen), arranged themselves together with great regularity on the remainder of the surface of the retina. They proceeded like radii towards the periphery of the yellow spot, became larger at that point, but less distinct in their outline, and with them were associated the marrow-like particles of the remainder of the retina, in gradual transition. This point of transition (the circumference of the yellow spot) was not circular, but the marrow-like globules radiated rather farther in a star-like form at single points, which were not situated at regularly recurring distances. A complete measurement I was unable to effect.

I had the opportunity of submitting this observation to the physician-general, Dr. Linden, who expressed himself perfectly assured of its correctness. It appears to me to be so far important, that it affords the means of a simple and mechanical explanation of the phenomenon, that a portion only of the retina, namely, that which answers to the posterior part of the axis of the eye, possesses the power of distinct vision.—*From Müller's Archives.*

VOLUNTARY CONTRACTION OF THE IRIS.

M. Vallée presented to the Academy of Sciences a voluminous memoir on the theory of the eye. The author thinks that he has resolved a great number of questions relative to vision. He establishes, that the division of the crystalline into layers cannot aid the adaptation of vision to different distances; he determines numerically the changes of curvature of the cornea, of the length of the eye, and of the displacement of the crystalline necessary to render the vision distinct at all distances. He shews that the vitreous humour is not homogeneous—that it presents layers of a different refrangibility; and he deduces from this, that the eye is provided with two different means of chromatism.

M. Vallée has arrived, by experiments upon himself, at a very remarkable result; he can, in the dark, and without the influence of light, dilate and contract his pupil.

The memoir is concluded by a view of the general and analytical theory of the eye.—*From the Gazette Médicale.*

VACANCIES, PROMOTIONS AND APPOINTMENTS.

Sixth Regiment Dragoons, Ass. Surg. Gideon Dolmage from the 59th Foot, to be Ass. Surgeon, vice Boys, promoted on the Staff—Ninth Regiment Light Dragoons, Ass. Surgeon Archibald Stewart, from the Staff, to be Ass. Surgeon, vice Breslin, promoted on Staff.—Fifty-ninth Foot, Ass. Surgeon Nicholas O'Connor, from the Staff, to be Ass. Surg., vice Dolmage, appointed to the Sixth Dragoons.

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List of Gentlemen admitted Members on Friday, July 30, 1841:—Edward Dunn, William Potter, Richard Walton, George Tranter, Joseph Agar Locking, William Thomas Borthwick, Archibald John Little, William Druitt, George Young Hood, William Gurslave Marshall.

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ANATOMICAL DEMONSTRATIONS, by Mr. PRICE, Mr. IKIN, and Mr. S. HEY.

PRINCIPLES AND PRACTICE OF SURGERY, by Mr W. HEY.

MATERIA MEDICA AND THERAPEUTICS, by Dr. CHADWICK.

CHEMISTRY, by Mr. MORLEY and Mr. WEST.

PRINCIPLES AND PRACTICE OF PHYSIC, by Dr. HUNTER.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN, by Mr. SMITH and Mr. BRAITHWAITE.

BOTANY, by Mr. WILKINSON, in the Summer Months.

FORENSIC MEDICINE, by Dr. PYEMONT SMITH, in the Summer Months

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NINTH ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, HELD AT YORK.

(CONTINUED.)

(By Express from our own Reporter.)

THE SECOND GENERAL MEETING

DR. GOLDIE in the Chair.

The first business was the reading of the Poor Law Committee Report by Mr. Ceely, of Aylesbury, which first alluded to the continual abuses still remaining under the Poor Law system, such as the tender system and the present plan of parochial appointments, with the remuneration attached—all of which fully attested the unfitness of the present Commission to interfere in medical matters. And although it was not in the power of the profession to abolish that Commission, yet the present was an eligible period, now that the Commissioners were seeking for increased powers in the management of the sanatory institutions of the country, to endeavour to put an end to many of the most prominent existing abuses; there were two methods of effecting this arrangement—first, by obtaining a regulation whereby medical advice should be secured to the Commission and Board of Guardians; and second, by the enactment of stringent regulations, which, without effecting any material change in the various administrative bodies, should nevertheless remedy many of their abuses. The report next considered the measures advocated by Mr. Sergeant Talfourd, Mr. Law Hodges, and Mr. Wakley, mainly supporting the two former, and disapproving of the latter, especially as regarded the poor selecting their own medical advisers, which it was stated would interfere materially with the value of parochial appointments. The report concluded by urging each member of the Association to increased exertion in the cause of medical reform, by assisting in getting up petitions in all parts of the kingdom.

Mr. Salmon moved the adoption of the report and the thanks of the Association to the Committee, with their reappointment. He fully coincided with the remarks alluding to the unfairness and impolicy of the Government measures, whereby medical men were so inadequately remunerated, and resulting in the employment of ill-educated practitioners; giving instances wherein young men who had but just passed their examination, and consequently had their practice to learn, having superseded older and much better qualified practitioners in parochial appointments.

The motion was seconded by Mr. Davy, of Beccles, who observed that if the members of the profession were but true to themselves, this abuse might in a great measure be remedied.

After some further observations from Dr. Lyon, Mr. Ceely, and Dr. Webster, in support of the same view; and from several other members as to the scale of remuneration proposed by Mr. Farr, which some considered as too low; the subject ended.

Dr. Conolly next read the report of the Benevolent Committee, which showed a favourable state of the finances as compared with last year's report. A debt of £60 to the donation fund had then been stated, which had since been paid off, and a further sum of £50 collected as available for casual relief. The report also stated that the donation fund now amounted to £300. The embarrassments of the Committee had thus been relieved, and principally through the personal exertions of Dr. Hastings, Mr. Newnham, Mr. Dodd, and Mr. Cross.

The report was adopted on the motion of Dr. Simpson, of York, seconded by Mr. Smith, of Leeds.

In the absence of Dr. Cowan, who had given notice of motion that an annual subscription of 5s. should be exacted from each member in furtherance of the purposes of the Benevolent Fund, Mr. Newnham brought forward a motion to the effect that each member should be solicited to subscribe according to his ability; and also to exert his influence among his friends by circulating cards among them with that object, as had been adopted in many instances with success. An affecting appeal to the spmpathies of the members was then made by the speaker, who gave instances of extreme distress in the profession, especially among the elder practitioners, who were often superseded in their scanty practice by younger and more vigorous men: one old gentleman of 83, he stated, had to his knowledge been attacked by paralysis, and had not one shilling in his pocket to provide for his support; and yet a large body of some 1300 of his professional brethren had refused him relief, in consequence of the embarrassments of the fund. Mr. Newnham next remarked that out of the £120, donations and subscriptions, collected during the past year, nearly one-half had been subscribed by two individuals, and much of the remaining sum by non-professional persons. He earnestly recommended to the humane consideration of the profession the use of the solicitation cards which had been found so effective: he himself had adopted the plan during the past year, and the result was that not a card had been sent empty away, and he had thereby collected £17 14s. donations and £15 10s. annual subscriptions. (Cheers.) This, he observed, was unconstrained charity, which

> "Droppeth as the gentle rain from heaven
> Upon the place beneath: it is twice bless'd—
> It blesseth him that gives and him that takes."

He further averred that every member now received his *quid pro quo* for his guinea in the shape of an annual volume, which consideration would be increased when a weekly journal should be recognised as the organ of the Association and sent round, gratis, to each member; and therefore a further call in the aid of charity would not be exhorbitant.

Mr. Griffiths, of Wrexham, seconded the motion, which, after some conversation as to the subscription of some of the members to certain local charitable funds, was unanimously agreed to.

Mr. Churchill, the extensive publisher of London, here announced that the appeal had so worked on his feelings of humanity, that he thought it his duty, out of gratitude to the medical profession, to present, for the purposes of this fund, a cheque for £10 10s. (Great applause.)

It was next agreed, on the motion of Mr. Champney, of York, seconded by Dr. Lyon, of Manchester, that Dr. Black of Manchester, be requested to prepare the medical retrospective address for the ensuing year.—Dr. Black returned his thanks for the honour and confidence reposed in him, and acquiesced in the request on the condition that the next anniversary should not be held in the same week as that of the British Medical Association, which would distract his attention from it.

Dr. Black then moved, and Mr. Brown seconded that W. S. Cox, Esq., of Birmingham, be requested to read the surgical retrospective address for the ensuing year.—Agreed to.

The address of the Section on Medical Topography was next read by Dr. Streeten, in the absence of Mr. Addison, the Chairman of the Section; it treated of the effects of invisible atmospheric vapour on health, and stated that 60,000 persons, principally youth, annually died in this country from pulmonary consumption, which disease was chiefly attributable to peculiar organisation of the frame; it went on to observe that no locality afforded an immunity from this fearful "English malady," but that open country districts were more free from its attacks than cities or the flats in the vicinities of rivers. The report concluded by giving the averages of mortality in several counties.

The report was received, and thanks voted to the Section, on the motion of Mr. Craing, seconded by Mr. Workman.

Several interesting cases were next laid before the meeting. The first was by Dr. Fisher, Fellow of Downing College, Cambridge: it was a case of tumour developed in the midst of the *lauda equina*—a rare illustration of pathological alteration of structure, a most obstinate form of disease. On the application of Dr. Hastings, this case was submitted for insertion in the *Transactions*.—Dr. Black next read a series of extracts from reports of the Government Hospital at Mexico, and the lazarettos in that district, relative to the treatment of small-pox.—Mr. Newnham then read a paper on re-vaccination, after which the meeting, at about twelve o'clock, broke up.

THE BREAKFAST

was held on the following morning at nine o'clock, at the Guildhall, when about seventy members and friends attended. The repast was served up in excellent style by Mrs. Lockwood, of the Swan Hotel, whose catering was generally eulogised. After the breakfast an agreeable *conversazione* ensued; and the members of the Association then paid a visit to most of the public institutions of the city, the cathedral, &c., and inspected the magnificent Museum, with its delightful gardens and rare curiosities—the remains of the Roman wall and multangular tower (part of the fortifications of ancient Eburacum), the interesting ruins of the Abbey of St. Mary, and many other attractions; after which, at about twelve o'clock,

THE THIRD GENERAL MEETING

was held in the Theatre of the Museum, Dr. Goldie in the chair, when, after the proposition and election of several new members,

Dr. Streeten read the retrospective medical address, which extended to a great length, and was listened to throughout with the closest attention. The great extent of the paper in its treating of anatomy, physiology, practical medicine, jurisprudence, toxicology, statistics, &c., of course precludes the possibility of its insertion in our journal; and as it will appear in due form in the next volume of the *Transactions*, we will not mutilate so valuable a document by any attempt at abbreviation; at its close the learned Doctor received the general and long-continued applause and thanks of the meeting for his ingenious and scientific communication, on the motion of Dr. Baldwin Wake of York, seconded by Dr. Fisher of Downing College, Cambridge.

Mr. Husbands of York next read the report on Empiricism, on behalf of Dr. Cowan, the Chairman of the Committee, who was unavoidably absent. The report was principally confined to meeting the objections of those persons who did not wish for legislative interference for the suppression of quackery. Some persons fondly dreamed of the future universal diffusion of knowledge as the great destroyer of empiricism, and amused themselves with speculations on the general reign of science and "common sense" in our land; but these amiable romancers forgot that the world had lasted now about 6,000 years, and that during that tolerably long probationary period no record existed of quackery having retreated before popular education, but on the contrary its greatest triumphs were among the most civilised communities. Again, some of the members of the profession declined entering the lists against quackery on the fallacious ground that it would appear as a selfish proceeding—forgetting that it was their duty, as professional men, to protect the public health from such attacks. The report concluded by recapitulating the points which it would be necessary to attain in the suppression of empiricism—first, the withdrawal of Government stamps patents from quack medicines; next, that no

vidual be allowed to practise without a legal qualification, and that no nostrum be advertised unless its value and safety be previously ascertained by competent authority; also, that all institutions established for the cure or relief of disease be declared illegal unless conducted or inspected by legally-qualified men. The report concluded by recommending general petitioning in support of these objects.

The report was then adopted, the Committee thanked and re-appointed, on the motion of Mr. Williams, of York, seconded by Dr. Baird, of Liverpool.

Mr. Griffiths, of Wrexham, next moved the following resolution:—

"The attention of this Association having been called to the present state of the law as it affects female prisoners under sentence of death, it desires to record its strong felings of repugnance to a statute which permits the woman who has quickened to plead pregnancy in bar of execution, whilst the same individual, though equally the mother of a living child, but not having quickened, must suffer the extreme penalty of the law; thus making a distinction where there is no difference, and fatally though ignorantly sacrificing an innocent life with that of the guilty parent. And though not prepared on the present occasion to take any decided steps, the Association fully recognises its obligation to adopt at some future time such measures as will, it trusts, lead to the abrogation of a law partial and cruel in its effects, inconsistent with the progress of knowledge and civilization, and consequently revolting to the feelings and claims of humanity."

Mr. Garlike, of Leeds, seconded the motion, which was then agreed to.

Mr. Toogood, of Bridgewater, then moved, and Mr. B. Eddison, of Nottingham, seconded the appointment of a section for the investigation of the pathology of cancer, and that the following gentlemen do form the section, with power to add to their number:—Dr. Fisher, of Cambridge, Mr. Dodd, of Chichester, Mr. Noble, of Manchester, Mr. Ottley, of Exeter, and Mr. Russell, of York.—Agreed to.

Dr. Robertson moved, and Mr. Ceely seconded that the place for holding the Association's next anniversary should be Exeter, and that Mr. James, of that city, be the President-elect.—Dr. Hastings having spoken of the high qualifications of that gentleman for the high station of President, and also drawn attention to the requisition which had been received from that city, signed by nearly all the members of the faculty in the city and neighbourhood, the motion was carried by general acclamation.

This having concluded the main business of the meeting, Mr. Ceely read a communication on *variolæ vaccinæ*, in illustration of his views, recently published, on the important subject of small-pox, illustrated by new facts and beautiful drawings; which will duly appear in the Society's *Transactions*.

Dr. Theodore Boisragon then presented an osteological model—an ingenious invention of his own—by which the articulation of the skeleton was much better effected than under the old system, and which would eventually, he thought, prove much cheaper—it was by the agency of caoutchouc; and Dr. Boisragon having ably pointed out various reasons for preferring it to the system hitherto adopted, the invention was very generally approved, and much merit accorded to the ingenious author.

Papers were then read and announced as follows:—From J. W. Gutch, Esq., of London, on the influence on health of the climate of that city; from Dr. Davis, of Presteign, on the use of opium in strangulated hernia; from Mr. Lingen, of Hereford, on a case of tuberous tumour of the upper jaw; from Mr. Williams, of Denbigh, on the successful treatment of *prolapsus uteri* by the cautery; from Mr. Stours, of Doncaster, on the removal of stone by dilatation; from Dr. Tunstall, of Dawlish, Mr. Sweeting, of Abbotsbury, and Mr. Hare, of Leeds.

After votes of thanks had been passed to the Lord Mayor of York, for his kind permission to the use of the Guildhall; to the Yorkshire Philosophical Institution, for its loan of the Museum, &c.; and to the worthy President, for his conduct in the chair; the meeting separated.

THE DINNER

was held about six o'clock the same evening at the Guildhall, which was fitted up and decorated in an appropriate manner. About 100 gentlemen attended. Dr. Goldie occupied the chair, supported on the right by the Very Rev. the Dean of York, Drs. Barlow, Jeffreys, Holme, Fisher, Wake, &c.; on the left by the Recorder and Sheriff of York, Drs. Streeten, Brown, &c. Mr. Belcombe and Mr. Champney were the Vice-Presidents. The dinner was one of the most superb banquets we ever sat down to; the bill of fare containing some sixty dishes, backed with the choicest dessert, and wines in great variety; in fact, the entire provision and arrangements were of the very first-rate order. During and after dinner Walker's brass band delighted the ear at intervals, and played with great precision and effect many of the most popular and pleasing airs extant. The Dean of York said grace both before and after meat; and on the removal of the cloth,

The Chairman gave, in succession, "The Queen," "Her Royal Highness the Princess Royal, and his Royal Highness Prince Albert," and "the Queen Dowager and the rest of the Royal Family," all of which were received with the usual honours.

The Chairman then said he had arrived at the peculiar toast of the evening: he meant "Prosperity to the Provincial Medical and Surgical Association," or, in other words, "our noble selves." With that toast he begged to incorporate, as had been the usual custom, the name of its venerated founder, Dr. Hastings. (Immense applause.) He regretted to add that the pressing professional claims of the learned Doctor had called for his immediate presence at Worcester; and, therefore, for the first time since the formation of that Association, he was unavoidably absent from the festive conclusion of the Society's anniversary. The Chairman then briefly recapitulated the history, rise, progress, and objects of that Association; and after descanting on the desirable result of its labours in the investigation of the causes and treatment of disease, in watching over the honour, dignity and efficiency of the profession, and in the concentration of talent and research in its nine volumes of *Transactions*—the toast was received and drunk with long-continued unanimous applause.

Dr. Jeffreys replied to the toast, and after acknowledging, in well-deserved terms, the universal kindness with which the Association had been received in the ancient city of York, next alluded to the circumstance of Dr. Hastings's wish to resign the onerous and greatly-increased duties attached to the office of Secretary, observing that he hoped the Association's funds would ere long permit of its Secretary's being made independent of his profession, as was the case with the British Medical Association. (Hear, hear.) The duties of that office were now become so numerous and weighty that no person could be expected to perform them in connection with an extensive practice of his own. (Hear, hear.) The learned Doctor then sat down, after proposing "The health of the Lord Mayor and Corporation of York." (All the honours.)

Mr. Alderman Hudson replied, assuring them that the Corporation, as a public body, were but doing their duty in receiving and fostering the members of a profession of which, indeed, the country might well be proud; and happy he was to receive them in a magnificent hall, worthy of the association of princes—a hall which denoted the taste and skill of the ancient citizens of York—(hear, hear)—and to present for their inspection those objects of public interest and curiosity with which the city abounded. (Hear, hear.) He repeated the delight with which their honoured guests had been received, and further assured them that there was no set of men more willing to avail themselves of the advice and assistance of the medical profession than were Aldermen. (Laughter.) He could not say whether that was to be accounted for by the general habits of Aldermen; but this he could say, that they often required such assistance, and were always most grateful for it. (Renewed laughter.)

The Chairman next gave "The Archbishop and Clergy of the Diocese of York." (Usual honours.)

The very Rev. the Dean acknowledged the toast in a chaste, dignified and impressive manner. The assemblage of that day, he observed, was of no common caste: it was unusual to see so many gentlemen of high education, deep research, and valuable experience collected together in one room, from all parts of the kingdom, and belonging to various sects of Christians. When such an assemblage joined so cordially in paying a compliment to the body of the Clergy, it was to be inferred with pride and satisfaction, that the ministers of the Establishment had, by general consent and acknowledgment, done their duty in a manner which became their high calling—(applause)—assuming to themselves no impertinent superiority but endeavouring to promote the cause of good fellowship and brotherly love. In return, he wished to bear testimony to the high character of the members of the medical profession, and more particularly of those among whom he lived: he constantly saw them in their respective churches, performing their religious duties; and he often heard of the valuable services which they rendered when, by pious exhortation, they persuaded their dying patients to be prepared for the awful changes to which humanity was subject. Herein they imitated the physician of souls, whose praise was in the gospel; like Him they laboured to assuage the pains and sorrows of the sick and insensible, and to convince their fellow-men of the desirableness of religion. Of them it might be said,

> "Utilis ille labor per quem vixere tot Ægri
> Utilior per quem tot didicere mori."

Having again feelingly thanked the company for the honour he had received, the Rev. Gentleman resumed his seat amid great applause.

The Chairman then gave "The Dean and Chapter," which was also received with the honours, and acknowledged by the dean.

Mr. Belcombe proposed "The health of Dr. Steed and the Vice President of the Association."—Acknowledged by Dr. Barlow, who proposed "Dr. Goldie, our excellent president."

The Chairman briefly replied, declaring his wish that some more competent member of the profession in the city should have been selected for the high honour of the presidency, but adding that his best wishes were for the advancement of the Society, and he hoped to have the pleasure of meeting his audience at Exeter during the next anniversary. (Cheers.)

Dr. Simpson then proposed "The health of Dr. Streeten, with thanks for the very able, useful, and highly-talented retrospective address delivered by him at this anniversary."—Dr. Streeten replied, and concluded by proposing "The health of the Local Council, and Mr. Husbands, the Secretary."—Mr. Husbands replied.

The Chairman then gave "The Recorder of York."

The Recorder returned thanks, and made humourous allusion to the medical profession, the members of which, he observed, judging from the great number of healths which they drank, must certainly be the most disinterested gentlemen he had ever seen.—(Laughter.) But, unfortunately, they did not practise what they preached—their acts did not square with their profession—for, had any of that company seen him that morning in his own private room, they would, undoubtedly, have recommended to him nothing so urgently as a mutton chop and a glass of water; whereas, at the present moment, he saw before him a long vista of some sixty or seventy dishes, from the princely supply of turtle soup, turbot, venison, &c., down to the humble cutlet, and backed by Champagne and the most delicious adjuncts—all of which, these abettors of fastings and temperance seemed to have discussed with infinite *gusto*.—(Laughter.) The humorous *speaker* concluded by a deep-drawn sigh for consistency.

The following toasts then succeeded:—

"The Universities of the United Kingdom."—Acknowledged by Dr. Fisher, of Cambridge.

"The health of Mr. Sheriff Walker," who replied.

"The York Philosophical Society;" acknowledged by Dr. Wake.

"The Delegates from London, Ireland, and the North of England."—Dr. Brown replied.

"The Institutions of York," "The Vice-Chairman," and "Our next Meeting at Exeter."

The company then left the dining-room (about eleven o'clock), and proceeded to an adjoining apartment, where coffee, tea, and other refreshments had been amply provided; here a most agreeable *conversazione* took place; and at an early hour in the morning, we left this most pleasant party,

having seen enough of the habits and customs of the good citizens of York—the members of this profession in particular—to convince us that they are as remarkably endowed with mental abilities, hospitality, good fellowship, and "the milk of human kindness," as their noble city is characterised by splendid public attractions, and literary and ancient curiosities of the highest order.

LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by PROFESSOR OWEN, F.R.S.

LECTURE XXII.

In tracing the modifications which the *mucous layer* of the germinal membrane undergoes, it will first be observed that immediately after the appearance of the primitive cumuli the mucous layer dips down at each side, and forms two parallel longitudinal folds, including between them a groove; the colour of the yelk in contact with this membrane becomes of a lighter colour, and more fluid; the groove then progresses into the anterior and posterior parts of the curved lineaments of the embryo, and forms two cæcal pouches. In this primary condition of the mammiferous embryo we are reminded of the digestive sac of some of the radiata, as of the Medusa, where there exists but a single opening communicating within the animal with a dilated cæcal cavity. In the next place, the two cæcal processes elongate, partly by their own growth and the increase of the cavity, and partly by the contraction of the opening of communication with the vitelline sac; this elongation takes place with the greatest rapidity anteriorly, and is met by another cæcal pouch which commences from the surface, and is directed inwards. In this manner the mouth and œsophagus are formed. At about the second or third day a dilatation is observed upon the anterior process, which represents the stomach, and at about the same period, the posterior process divides into two cæcal pouches. The anus then commences from the external surface, and passes inwards to join one of these pouches; so that, at this period, the embryo possesses a mouth and an anus, a straight alimentary canal, with several dilatations upon its course: at about the third day a pair of cæcal pouches are developed from that portion of the anterior process which is behind the stomach, and corresponds with the future duodenum. These processes divide and subdivide, forming a number of pullulations, and constitute, as Malpighi had already observed, the rudimentary liver. At about the period of the formation of the mouth, the digestive canal recedes from the vertebral column, and carries with it a duplication of the serous layer, constituting the mesentery.

Amnios.—It is at this time that the serous layer and the amnios resemble the mucous layer, forming a central groove and two terminal pouches. In the Goose the anterior pouch advances with great rapidity, and meets the posterior pouch near the posterior part of the animal. In the Chick the two pouches advance equally, and meet at about the middle of the back of the embryo. In the Emu, as in the dissection now before us, the last opening of the amniotic membrane may be seen near the middle of the dorsal region; after the closure of this opening the two pouches merge into each other, and form one continuous bag.

Membrana Vitelli.—This membrane, which in the egg incloses the yelk, becomes, at a later period, during the development of the embryo, an appendage to the alimentary canal. In the course of six or seven days from the commencement of incubation, a production from the serous and vascular layers surrounds nearly the whole yelk with the membrana vitelli; one small point opposite to the middle of the embryo remains unclosed, and near to this point the albumen collects and forms a mass more dense in consistence than the ordinary albumen: at about the fifteenth day an opening is produced by absorption in the membrana vitelli; and this mass of albumen passes first into the cavity of the yelk, and then into the digestive canal of the embryo, where it serves as a means of nutrition. The vessels which ramify on the membrana vitelli are an artery and a vein; the former arises from the aorta, in the situation of the superior mesenteric trunk, and passes along the pedicle of the yelk-bag to reach the vitelline membrane; while the latter, collecting the blood from this membrane, enters the abdomen beneath the liver, and terminates in the inferior vena cava after assisting in the formation of the vena portæ.

Wolffian Bodies.—At an early period in the development of the embryo, about the second and third day, a glandular body, composed of numerous transverse laminæ, is found in the lumbar region on each side of the vertebral column. These are shortly afterwards joined by two cæcal tubuli, which commence at the cloaca and pass upwards to join the glands, and serve as their excretory ducts; these glandular organs serve the office of removing azote from the system, and have been regarded as temporary kidneys.

Allantois.—At the period of three or four days the rudiments of the legs and wings have made their appearance, and, at this time, so much carbon has been produced by the action of the vital phenomena, that the development of an organ for its removal has become needful. For this purpose a respiratory organ, different from everything which has yet been seen in the animal kingdom, is produced. From the alimentary canal near to the anus is produced a cæcal process, which increases rapidly in size, and soon extends out of the abdominal cavity of the embryo, carrying before it a part of the vascular layer of the germinal membrane. The arteries which ramify upon this membrane are derived from the lower part of the aorta, and correspond with the hypogastric; the veins collecting the returning blood form a vein of considerable size, which passes above the liver and terminates near the heart. This process, the allantois, commencing at the third day, increases so rapidly, that by the seventh it has extended completely around the embryo and yelk, carrying with it the amniotic membrane, and goes on with equal speed until it reaches the membrane of the shell, where it becomes confluent. The allantois, increased to this size, presents two distinct layers, and includes an internal cavity; the embryo, however, as is the case with most reflected membranes, is on the outside of this membrane, as are the viscera on the exterior of the peritoneal sac; the cavity of the allantois very early receives the secretion from the Wolffian bodies; and the contracted duct of communication with the alimentary canal, forms, at a future period, the urachus. The vascularity of this membrane increases with its growth; and to the blood circulating upon the outermost layer the atmospheric air has access, through the pores of the shell; the internal layer, being in contact with the albumen of the egg, may probably act the purpose of a placenta, and yield to that fluid the oxygen which the blood contained within its vessels absorbs.

By its increase of size, the Chick, pressing downwards upon the yelk, almost divides it into two equal portions. Up to the period of the twentieth day none of the yelk has been received into the digestive canal of the embryo; but at this time the digestive canal dilates, and a portion is received within the parietes of the embryo, so that the yelk consists now of an internal and an external portion, as we have previously seen to be the case in the higher cartilaginous fishes: this internal yelk serves as a pabulum of nutrition to the embryo, and takes the place of the secretion of milk in mammifera.

The nervous system at the sixth day presents distinctly the rudiments of the brain: at about this period the optic nerves are formed, which, at first separated, become soon united in the production of a commissure. Up to the twelfth and fifteenth day the development of the hemispheres is slow; but at this period their growth becomes more active, and they speedily overlap the primitive parts. On the twelfth day the first trace of eyelids is apparent, in a small fold which is seen at the inner canthus; this fold increasing in size forms the membrana nictitans. On the twentieth day the lower lid, the most important one in birds, is produced, and afterwards the upper lid. On the sixth day the rudiments of the cochlea are apparent: and on the thirteenth, the semicircular canals, the tympanum, and the membrana tympani. This progressive development, as portrayed in the successive improvement and complication of the organs of higher animals, is traced in the ascending gradation of the lower animals towards the higher. Thus in the Sepia the cochlea alone exists; in fishes, the semicircular canals are superadded, and in still higher animals the tympanum.

Urino-sexual Organs.—The kidneys are developed from the posterior part of the Wolffian bodies, and are soon joined by the ureters, which proceed upwards from the cloaca. The testes are formed on the anterior and inner part of the Wolffian bodies. The ovaria in the female occupy the same situation, but are more flattened and elongated than the testes. The oviducts proceed from the cloaca, and pass upwards; as late as the twelfth day there is little difference between the two cæcal processes; but, at this period, the right becomes arrested in its growth, while the left dilates at its inferior part to form the calcifying segment, and, at the same time, shoots upwards to join the corresponding ovary. The right cæcal process ceases to increase, and finally wholly disappears.

Tegumenis.—The surface of the body is at first covered with simple and elongated filaments, which resemble hair. When examined, however, they are found to consist of numerous delicate filamentary processes, having one central fibre much larger than the rest; the whole being included in a thin investing sheath of epidermis. Upon the breaking off of this epidermic sheath, the separated filaments constitute the downy covering of the Chick. The young of swimming birds, which are known to take to the water as soon as they are hatched, and of land-birds, which run about as soon as they escape from the egg, are completely covered with this downy coat before they quit the shell. On the upper mandible of the beak of the Chick is a hard tubercle, which is intended to be used for breaking the shell; the rest of the beak is soft, but with this the young animal strikes against the shell until it breaks its way out. This tubercle is not constant; it is wanting in raptorial and incisorial birds and passeres. These are less advanced in development previously to quitting the egg, and the shell is broken by the parent.

Certain changes, both physical and chemical, take place in the contents of the egg during incubation. Thus, its specific gravity is greatly diminished; in the first week it loses five per cent; in the second, thirteen; and in the third week, sixteen per cent. A fresh egg thrown into water sinks, but one which is near the termination of incubation swims. The air contained within the vesica aeris, besides possessing more oxygen than the surrounding medium, increases in quantity. This receptacle is ruptured by the Chick at about the twentieth day, and, being diffused around the membranes, serves an important office in the early development of the bird. The membrana testæ very early becomes opake and thick, and loses its transparency. The yelk becomes thinner in consistence, lighter in colour, and increased in quantity; phenomena which point to the fact, that a portion of the albumen is being received constantly into the yelk, and serves, very probably, as the chief subsistence of the Chick. The albumen, at first, contains phosphorus, but at a later period this is lost, having, probably, combined with the lime to constitute the calcareous salt of the bones. The origin of the lime in this process is both remarkable and inexplicable. Prout has ascertained that no part of the lime is removed from the egg-shell for this purpose; therefore we must infer the existence of some unknown source for this earth, or look to animal chemistry for some power which shall be capable of converting sodium and potassium into calcium. The trifling loss of weight that does occur in the shell during incubation is referrible to attrition, for no change whatsoever is observed in those which have been submitted to artificial heat.

Monotrema.—After passing in review the principal facts and circumstances connected with the development of birds, we are, in the next place, led to those mammiferous animals which have been considered to be oviparous. Few facts are as yet known with regard to the modes of reproduction in the Ornithorynchus; but it is well established, that thee ova of these animals contain much less vitelline matter than the eggs of birds. When the ova hav been in the uterus for some days, they are not larger than a moderate-sized pea. The vitellus is surrounded by albumen, and both are enclosed in a membranous chorion. The yelk is composed of nucleated cells and oil-like particles, and is sur-

rounded by a layer of granules which lie in contact with the membrana vitelli. These observations were made upon some ova which were transmitted to this country in weak spirit. The Ornithorynchus is a warm-blooded animal, and if it be oviparous, it is clear that it must incubate its egg. But the conditions necessary for incubation are absent; there is too small a quantity of vitellus, and there is a total absence of that peculiar apparatus which, in the bird, is calculated to make the germinal vesicle the highest point of the yelk, viz., the chalazæ. From these circumstances we are naturally led to the conclusion, that the ova are developed in the uterus; and in an interesting specimen of the Ornithorynchus sent to this country from Australia, by Mr. George Bennet, the ova are seen in the uterine cavity. The period of coitus in these animals is the month of September; in December the young have been seen measuring about an inch in length. If, therefore, an impregnated female were shot during the month of October or November, the fact of uterine development might be ascertained, and the mode of connection with the uterus. We should infer, analogically, that the young were developed through the medium of the umbilical vesicle; and if the allantois exist at all it would be of small size, as in Marsupiata.

HOPITAL DE LA CHARITÉ.

Mons. Velpeau's Clinical Lectures on Retention of the Urine, caused by Diseases of the Prostate Gland.

No. I.

Retentions of urine, due to diseases of the prostate, have been for a long time, and are even now frequently attributed to strictures of the urethra, or to inertia or paralysis of the bladder. It is now nearly 16 years since M. Velpeau directed the attention of surgeons, both in his lectures and in some of his writings, to the circumstances which might cause this error.

Retention of urine does not depend upon a stricture of the urethra, when it occurs after the age of 45 or 50 years, without having existed previous to this period; nor is it to stricture of the urethra that we must attribute it, if the sound penetrates the depth of six inches without obstacle, for at this depth the point of the instrument will have passed the membranous portion of the urethra; and it is false that stricture can, by any possibility, exist in the prostatic region. What has caused this error—what has induced the belief of strictures which do not exist—what has, for a moment, caused the use of the forcible employment of the catheter, recommended by Mr. Major, of Lausanne—is, that, arrived in the prostatic excavation of the urethra, surrounded by the prostate gland, the point of the catheter there forms the arc of a circle, and even is arrested, so as to oblige us to desist from further efforts to penetrate. In such cases, the conical bougies enter with more difficulty than the cylindrical; the straight sounds with greater difficulty than the curved; the sounds curved at an angle with less facility than those curved in the arc of a circle; moderate-sized sounds with greater difficulty than very large; and, finally, hollow light sounds with more trouble than solid, heavy ones.

To understand these particulars properly, we must remember that nearly all the strictures of the urethra depend for their cause on an old gonorrhœa, or a chronic inflammation of the urethra. Now all surgeons know that these diseases are the companions of youth or adult age, that is to say, that strictures of the urethra ought constantly to show themselves before the age of 50 years. It is also well known, and constantly shown by experience, that strictures are situated almost exclusively in the membranous portion of the urethra, and only by exception in the bulbous or spongy portions, or nearly at the orifice.

The prostatic portion of the urethra, surrounded by an elastic body, which adheres intimately to it in its whole circumference, cannot really be strictured in this part. If the prostate increases in size, or changes in form, the portion of the urethra which it contains may become flattened, altered in its course, raised up or drawn backwards, pushed forward, or depressed to the right or left; but, for all that, its diameter will not be diminished in the least; we may even say, that in the majority of cases it is augmented. The presence of tumours, whether round, pedunculated, or in the form of the crest of a cock, may very well embarrass the flow of the urine; but this does not constitute a stricture of the urethra, in the proper acceptation of the word. Thus, then, if a patient be seized with retention of urine, without having previously experienced a similar attack, and is at least 50 years old, we are authorised to believe that the cause with him is not an irritable stricture of the urethra. If, on the other hand, the different affections of the prostate, with the exception of acute inflammation and abscesses, being almost never met with before the age of 40 years, whilst they are very frequently met with in old age, we may expect a disease of the prostate in all patients attacked with retention of urine after the age of 45 or 50 years.

Retention of urine may also be attributed, as formerly, to paralysis of the bladder; but, as all practitioners know, idiopathic paralysis is an affection excessively rare, and what has been taken for it, almost always depends upon an abnormal development of the prostate gland.

We must not, however, reject paralysis of the bladder in retention of the urine as absolutely impossible, for in the cases we are now considering, the organ is sometimes so inert, that we might justly call it paralysed; but even then, we must carefully remember the paralysis, if you will use the word, is not the primary disease, but has occurred secondarily in a very simple and in some sort mechanical manner; indeed, the urine, finding an obstacle which prevents its entrance into the urethra, remains and accumulates in the natural reservoir. The bladder, after making unsuccessful efforts to expel the urine, becomes fatigued, weakened, and may finish by losing the principal part of its contractility; however, the proof that there is no paralysis of the bladder, properly so called, in such cases, is that the urine, which flows by the catheter after its introduction into the bladder, does not escape slowly, as it ought to do if the bladder was really paralysed, but flows in a jet. Again, who does not know that in these cases the bladder contracts, in general, completely and with facility upon itself?

Neither does that kind of incontinence of urine, which distresses the patient and frequently deceives the surgeon, indicate a palsy of the bladder, for this involuntary flowing of the urine is produced in the following manner:—whilst the bladder is scarcely distended, no escape of the urine takes place, for the efforts of the patient are more properly towards its retention than towards its expulsion, from the reason, that the point of the triangle of the bladder being pushed forwards beneath the summit of the arch of the pubis, forming a kind of valve, which checks the entrance of the urethra. On the contrary, when the bladder is more distended, the lower portion is more stretched, the posterior border of the prostate depressed a little, and thus the urine is permitted partially to enter the canal which ought naturally to conduct it away. But there is no reason, in all this, to admit a paralysis of the bladder as an ordinary cause of retention of urine, separate from stricture of the urethra.

We have next to examine what kinds of disease the prostate is subject to, and in what manner these diseases can impede the flow of the urine.

No. II.

The diseases of the prostate which may occasion retention of urine or be mistaken for a stricture of the urethra, are very various, and ought to be well understood. It is now some time since M. Velpeau pointed out the analogy which existed between tumours of this gland and those of the uterus—between the different kinds of inflammation, the degenerations and disorganisations, of which these two organs are frequently the seat.

Like the uterus, the prostate inflames, suppurates, and sometimes abscesses form, simple or multiplied, limited or of greater or less extent, which open or present sometimes towards the urethra, towards the rectum, towards the perinæum, or towards the cavity of the pelvis; the same as abscesses, formed in the substance of the uterus, open into the uterine cavity itself, into the bladder, into the rectum, or some portions of the small intestines, or even into the peritoneal cavity.

These sorts of inflammation of the prostate are rarely observed except in men affected with inflammation of the urethra. They are accompanied, in general, with fever, pain, weight in the perinæum or pelvis, and difficulty of voiding the urine, which may sometimes increase to a complete retention. If the finger be introduced into the rectum, the prostate is felt to be hot, swelled, painful, and more or less prominent. If the sound be introduced, the instrument penetrates beneath the arch of the pubis, but here it ordinarily occasions a sensation of burning, of which the patients complain very much, and even generally the most severe suffering. Frequently the catheter cannot be introduced beyond this point, at least unless it be directed after certain principles which we will mention afterwards.

At the end of four, five, six or eight days, the escape of the pus takes place, when produced by an acute abscess. But the consequences of the rupture are far from being the same, with regard to the point of the prostate where this perforation takes place, and the direction which the pus takes when effused. This remark is essentially practical, and explains perfectly satisfactorily the various accidents which take place in consequence of this kind of lesion. When the perforation of the abscess or abscesses takes place towards the urethra, or towards the bladder, the patient immediately experiences a manifest relief, and voids, in abundance, purulent urine, or pus quite pure.

During the year 1839, a remarkable case of this kind occurred in the hospital. A man about 50 years old, who, during his youth, had suffered from numerous attacks of gonorrhœa, from which he said he never had been perfectly cured, suffered for some time from pains in the region of the bladder, which pains, he said, had induced several surgeons to believe in the existence of a calculus. For some days past, these pains, which before had only been occasional, had become continuous, and acquired such a degree of intensity, that the man was brought to the hospital. He complained of violent pains at the root of the urethra, which were increased by the introduction of a sound when it arrived at the prostatic portion. There was nothing to be seen in the perinæum, but the finger introduced into the rectum easily felt the symptoms we have mentioned before. By the aid of these signs, and others which are not so worthy of mention, M. Velpeau immediately diagnosticated the existence of an abscess of the prostate. Three days afterwards, whilst at stool, a considerable quantity of pus escaped by the urethra. From this time the urine, which before had escaped with difficulty, took its natural course, and in twelve days after the patient was perfectly well. He left the hospital and promised to come back if he felt any return of the complaint, but we have never seen him. It is evident that in this case the perforation of the abscess took place at the side of the urethra, and we will shortly mention some circumstances which sometimes complicate this mode of termination.

If the abscess of the prostate opens into the rectum, we can understand that the pus will escape by the anus, and the patient will experience the same relief as in the preceding case. But when the pus ruptures the prostatic aponeurosis, and passes beneath the ischio-pubic aponeurosis, things do not take in the same manner, for in this case we see a true abscess show itself between the anus and the scrotum, forming a tumour more or less prominent. Immediately after this escape of pus into the perineal region, the patient feels it is truly a relief, but this relief is far from being so complete as in the two preceding cases.

If, instead of the pus being effused into the urethra, the bladder, the rectum or towards the skin of the perinæum, as we have just said, it is effused between the pelvic fascia and the middle perineal fascia (ischio-pubic), the infiltration which results may be the point of departure of a purulent inflammation, a serous disease which frequently mounts from the interior of the pelvis towards the iliac fossæ or the back, so as to place the life of the patient in serious danger. It is, moreover, easy to understand that an intense and almost inevitably mortal peritonitis would soon be the result of the pus finding its way from the prostate to the cul-de-sac of the peritonæum.

When the abscess of the prostate opens into the urethra, its contraction and cicatrisation generally take place, in a complete and rapid manner, of which the fact we have just mentioned is a proof; and others that have occurred in the hospital, might also be cited. It sometimes happens that the purulent

cavern, instead of closing up, becomes hollowed, so to say, and increases in extent, so as to transform the prostate into one vast sac, the parietes of which are represented by the aponeurosis of this gland, and which there forms a kind of second bladder.

Three cases of this kind have been dissected with great care by M. Velpeau, and shown to the students. The patients had all suffered from violent acute gonorrhœa and the various symptoms of abscess of the prostate. Afterwards, they experienced a difficulty in voiding the urine; and, at times, complete retention occurred. On introducing a sound, the instrument, after passing beneath the pubis, gave issue to urine; sometimes pure, sometimes mixed with pus; and generally, it was thought, the bladder had been emptied without the necessity of introducing the instrument farther. The symptoms, however, continued, and as the catheter sometimes penetrated much deeper, and entered a cavity much larger than the former, the surgeon at last became acquainted with the nature of the disease; that is to say, that there existed there, in front of the true bladder, an accidental sac, where the urine was retained with the pus. This is a fact that ought not to be lost sight of by practitioners. We will mention afterwards, the cautions requisite to introduce an instrument beyond this abnormal sac.

When, instead of a pure phlegmonous abscess of the prostate, numerous small points of suppuration take place, the pus may concrete and take on the aspect of tubercles in the glandular tissue. This disease advances with great slowness, and becomes confounded, with respect to the retention of urine, with tumours of the prostate properly so called.

Tumours of the prostate may be compared with tumours of the uterus. 1st, With regard to their seat. 2d, With regard to their nature. 1st, *With regard to their seat.* Considered under this point of view, the tumours of the uterus form three classes. The first class project principally towards the peritoneal cavity; sometimes under the form of simple projections, having a large base, sometimes in a manner very distinct from the organ, and sometimes under the form of pedunculated tumours. The second class project towards the cavity of this organ, and may offer the same varieties as the preceding. We know also that there are numerous tumours which have their origin, become developed, and remain in the parenchyma of the uterus. Well, the same peculiarities are observed in the prostate. It is well known that, in certain cases, the enlargement of the prostate under the form of one projection or masses takes place more towards the circumference than towards the centre of the gland; only it is rare that these tumours become isolated and pedunculated as those observed in the uterus. But, when we reflect that the prostate is supported on all sides by resisting tissues, that the whole of its exterior surface is surrounded and enveloped by layers of muscular and tendinous tissues, whilst the uterus is completely free in the cavity of the pelvis, we do not see there is anything to surprise in this slight variety.

Tumours of the prostate projecting towards the urethra are very common, and present a great variety of forms, sometimes in the state of tumours with large burrs, sometimes in the form of pleats, bridles, &c. They also take on very frequently the character of polypi or true pedunculated tumours.

It is also very certain that the parenchyma of the prostate is, at least as often as that of the uterus, the seat of tumours which determine the excess of volume of that organ.

There are then tumours of the prostate which project towards the interior of the urethra, others of which the projection is especially perceived towards the circumference of the gland, and finally a large number which have their seat in the parenchyma of that organ.

2nd, *With regard to their nature.*—We find here the same analogy as in the preceding. Indeed, we have observed, in the prostatic portion of the urethra, fungoid, soft, and bleeding tumours, similar to the mucous polypi of the neck of the uterus. We find also in this region of the urinary apparatus projections, lobules, &c., which manifestly depend upon a true hypertrophy or partial enlargement, more or less considerable, of the tissue of the prostate. How frequently have we found tumours, whether globulous or pyriform, hard, elastic, gristly, or pedunculated, having all the characters of fibrous polypi, in the neighbourhood of the verumontanum, at the point of the triangle of the bladder. If the investigation of these tumours of the parenchyma of the prostate be carried further, it will be seen that far from being constantly due to hypertrophy of the tissue of the prostate, as the great majority of surgeons believe, these tumours are frequently constituted by the deposit of foreign matter, having the aspect of fibrinous globules, and which it is very natural to compare to the fibrinous bodies found in the uterus. These bodies, which M. Velpeau has observed to the number of twenty or thirty disseminated in one prostate, of volumes varying from a hempseed to that of a nut, almost as easily separate the tissue of the prostate, which they atrophy, thus to speak, by flattening the layers, as those which have their seat in the parietes of the uterus. A remarkable example of this kind is at this moment in the hospital. A man, aged sixty-eight years, died from the consequences of a retention of the urine, produced by disease of the prostate, on whom was found numerous projecting tumours around the neck of the bladder, and one at the point of the triangle of the bladder, upon the root of the urethra. The whole of the tissue of the prostate was strewed with spherical or globular masses of a whitish or reddish gray colour, from the volume of a pea to that of a nut, and causing the cracking of fibrinous tissue when cut with the scalpel; and which, when displaced, left as many small excavations in the very tissue of the prostate.

It is not to be concluded, from this, that hypertrophy of the tissue of the prostate never takes place; but M. Velpeau maintains that this hypertrophy is only one of the varieties of abnormal development of the prostate. Independent of this, there are tumours, composed of tissues or matters of new formation, which have their origin in the particles either of pus, or of fibrine, or of any other element of the fluids accidentally effused in the tissue of the prostate, exactly in the same manner as the formation of fibrinous bodies in the uterus. Furthermore, M. Velpeau admits that the tumours which form towards the urethra depend more upon a degeneration of the mucous tissue only, or of the mucous and the cellular tissue beneath it, than by a predominance, either of the hypertrophy of the prostate, or of the fibrinous tissue just mentioned. The division of the prostate into three lobes, two lateral and one median, ought not to be preserved; for the tumours said to be of the middle lobe are accidental productions, and not a portion of the gland, simply hypertrophied; and further, that the tumours of the parenchyma of the prostate may take place equally well to the right or to the left of that organ, as directly behind.

We have next to consider the course of these tumours, and the accidents to which they give rise.

PHRENOLOGIC MENSURATION.

At a meeting of the Phrenological Association in London, June 3, 1841, Mr. John Isaac Hawkins, of Judd-place West, New-road, read a paper "On Measuring and Recording the Phrenological Development of the Head."

He stated that on reading Forster's work on Phrenology, twenty-six years ago, he determined to test the science by accurate measurements of the head; and he has diligently sought, ever since that time, for the best methods of measuring and laying down on paper various dimensions and curvatures over each organ of the brain.

He exhibited to the meeting several instruments, which he had progressively contrived and employed; and he pointed out the defects of many of them, in order to prevent others wasting time and money in going over the same costly ground that he had found unfruitful.

He exemplified the deficiency of the common calliper, and showed that it was not practicable by its means to obtain the distance of any medial organ from a line passing through the orifices of the ears, and consequently it was not sufficiently exact for ascertaining the proportionate development of the superior, anterior, and posterior portions of the head; without a knowlege of which proportions, no sound phrenological judgment could be formed.

Mr. Hawkins exhibited as his last and best production, being both effective and cheap, a craniometer, consisting of a metal tube about six inches long, and a quarter of an inch inner diameter, to be laid horizontally across the top of the head: into each end of which horizontal tube a tube three inches long slides, and against the end of each of the sliding tubes is firmly fixed a vertical tube two inches long, open at both ends, and about an eighth of an inch internal diameter. Through the vertical tubes two wires slide, each seven inches long, having about an inch of the lower end bent at right angles to the remaining six inches of its length, the shorter of the two arms of the wire being terminated by an ivory ball a quarter of an inch in diameter. In order to keep the two balls in a line pointing towards each other, a groove is cut along the back of each sliding wire, and an elastic tongue is formed in the vertical tube to press into the groove, and serve the double purpose of a guide to prevent the wire turning around, and of a spring to allow of easy sliding motion, without liabllity of slipping with its own weight.

In using this instrument for taking the altitude of the head above the line passing through the orifices of the ears, the ivory balls are placed in the ears, and the horizontal tubes slidden down upon the vertical wires until the middle part touches the top of the head. The balls are then taken out of the ears, which the sliding of the horizontal tubes allows of being easily done, the instrument is laid down on a table, and the distance from the horizontal tube to the centres of the balls measured with a rule, or the wires may be graduated to show the measurement on inspection. By a similar application to the front or back of the head, the respective distances from the line may be obtained.

Mr. Hawkins did not recommend this craniometer as a substitute for the common calliper, for taking the distances of any two accessible points, for which purpose the common calliper is rather more convenient.

For taking curvatures, he showed a wire, from one-tenth to one-eighth of an inch diameter, made of pure grain tin, which is so pliable, that it takes the form of any curve over which it is pressed, and by reason of its freedom from elasticity, retains the figure with sufficient firmness to be taken off the head and laid down on paper, where it may be held by laying a stick across the two ends, while a pencil is passed around inside the wire to delineate the curvature of the part measured.

He also exhibited a very simple instrument, by means of which curves may be taken upon paper immediately from a skull or cast held down upon the paper.

This instrument consists of a circular piece or disc of wood, about three inches diameter, and an inch thick in the middle, but thinned off to half an inch at the circumference, one side being flat. Near the circumference a metal tube, one inch long and one-sixth of an inch diameter, is fixed, perpendicular to and even with the flat side of the disc, but projecting from the uneven side; through this tube a short bit of pencil slides freely, and is pressed with force enough to mark on paper, by a spiral spring placed tightly on the tube, and bearing on the end of the pencil.

From the middle of the uneven side of the disc arises, perpendicular to the flat side, a cylindrical stem, five inches long and five-eighths of an inch diameter, having a groove along its whole length on the side towards the pencil: upon this stem a spring socket slides, carrying an arm projecting at right angles from the stem; the extremity of which arm is formed into a knife-edge figure: this edge is always in a line with the axis of the pencil, being guided by a tongue sliding in the longitudinal groove of the stem.

It is obvious that the knife-edge end of the arm being passed around any part of a skull or cast held down upon paper, while the flat face of the disc is passed over the surface of the paper, the pencil will mark the outline passed over by the tracing arm.

Mr. Hawkins exhibited diagrams of two heads of active-minded persons, which he had measured at different periods; from which it was seen that one head had grown three-eighths of an inch in height in twenty-four years, between the ages of thirty and fifty-four; and the same head had acquired an eighth of an inch of additional height in fifteen years, from the ages of fifty-four to sixty-nine. T

other head had gained near a quarter of an inch in height in twelve years, from the ages of fifty-five to sixty-seven.

Mr. Hawkins concluded with offering to communicate, gratuitously, the results of his experience to any young man who would undertake the manufacture of these instruments for sale.

Mr. Deville recommended a flat tin strap, about three-eighths of an inch wide, and a twentieth of an inch thick, as preferable to the wire.

TO CORRESPONDENTS.

We have received Dr. Mackillar's letter, together with the report of the "Sydney Dispensary," New South Wales. We are glad to hear that such an institution as that and the "Benevolent Asylums" are established upon such liberal principles in so distant a quarter of the globe. We shall be happy to publish any interesting medical communications from our worthy subscriber and correspondent.

SIX BIRMINGHAM STUDENTS.—*"We intend to pass one winter in London previous to going up to the 'Hall and College,' can you, Mr. Editor, direct us to the best school; we have heard a good deal about Mr. So-and-so's clipping the uvula, another Mr. cutting wedges out of the root of the tongue, a third nearly cutting it off, a fourth cutting for squinting,* and all styling *themselves* Lecturers; *pray is this true; are the pupils of London so easily* gulled? *We have seen some of these operations performed here but they have all failed." During the last few years several small schools have started up like mushrooms, but in our opinion some of them will not see the Christmas vacation. We say wait awhile, you shall have timely advice in our columns. We consider it a duty we owe to the younger branches of the Profession, to point out to them the many claptraps that are laid to swindle them out of their money. There are now several of last October prospectuses lying before us, and out of the whole host of Lecturers there are few, very few, who performed their duty. There are* GENTLEMEN (?) *in London who call themselves Lecturers, but God knows where their pupils are; they are certainly not on the benches in the Lecture-room. We shall keep an* Argus *eye over these self-styled Lecturers.*

J. P., YORK.—*Professor Owen's Lectures will be concluded in our next number. We shall then commence a complete course on the Practice of Physic.*

BATH.—*We shall be glad to hear from our old correspondent,* "ARGUS."

All letters, communications, and books for review, must be sent (free) addressed to T. Bailey, 10, Wellington Street North, Strand, London.

THE MEDICAL TIMES.

WE last week presented to our readers, *by express* from our reporter, a faithful account of the proceedings (up to Wednesday evening) of the anniversary meeting of the Provincial Medical and Surgical Association held at York; the concluding part will be found in the first columns of our present number. We heartily congratulate all true Medical Reformers upon the unanimity that existed throughout the whole of their proceedings. Upon looking at the transactions of the Provincial Association, and comparing them with the *humbug* of the "*British*," held at Exeter Hall, we cast up our eyes and exclaim, "Surely these men cannot be engaged in the same cause!"

It is a duty we owe ourselves to apprise our numerous readers that *we are the only medical journalists who have given a full and faithful, or indeed any report at all of the proceedings of the Provincial Medical Association.*

We trust that our medical brethren will receive *this* as a *pledge* of our future conduct in laying before them the earliest news and the fullest information regarding any occurrence touching the just interests of the profession and the community at large, whether within or external to the walls of St. Stephen's. But we must ask, how comes it, that the other *journalists* have proved themselves such defaulters, or, at all events, so sluggish?

We know that *The Medical Gazette* is, in its heart's-core, a purely *conservative* or *tory* Journal in the worst sense of the expression; its conductors really desiring the principal flagrant abuses to remain as they are.

But why the conductors of *The Lancet*, and the "would be" organ of the Principal Medical Association, should have turned their backs, and be absent from their path of duty at this important juncture, we cannot conceive. This is a bad omen on their part, as to the manner in which they will acquit themselves during the forthcoming parliamentary campaign, whilst our own reports will serve as a pledge on our part—in brief, we will spare no trouble—no expense.

We unfurl the standard of Medical Reform—it must—it shall—progress. Woe be to him who forsakes it!

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 3.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

(Continued.)

THERE have been individual objections to, and murmurings about, REGISTRATION, on the score of expense. As there are, in all things, as the copy-books say, "many men of many minds, many birds of many kinds," opposition and contradiction have been always hostile to every novel undertaking, which has done any good or removed any evil in this world. Dean Swift says:—"As to the spirit of the age, I shall say nothing, but of all the spirits in this world, every one will agree with me, that the spirit of opposition and contradiction is uppermost in everything worldly." We know too well that the profession is too much depressed by ultra competition, to bear much taxation; but the examiners and assistants of the worshipful company of apothecaries stated, before the medical committee, that the general registry could be effected at a *small* cost. We have no doubt ourselves, like many others, that unnecessary and uncalled for expense, in the shape of a JOB, made, by ample experience, a word so familiar and disgusting to English ears, and so characteristic of the *real* virtues of the corrupt and base part of the people, may be avoided. The expense seems to be the main objection. But will not the indirect protection given by it to the regular profession against unqualified and unlicensed men, by increased publicity, be an equivalent compensation for the expense, or, indeed, more than compensate a trifling tax? Can the grand objects of reform be fulfilled properly without the general embodying of the profession, divided into REGULAR and IRREGULAR? How otherwise can the entire body of duly-qualified men be organised and incorporated to convey together their unanimous or divided sentiments to consider the farther measures of reform, or give their suffrages for this or that proposal? How is the body gregis to exercise the representative principle, if loose, scattered, and all abroad? How is it to follow out the representative principle in the special reform? If not, like the Lictor's fasces, bound together, how are we to know,—in a profession very often termed a torpid, apathetic, and indolent body of misanthropic men,—who are reformers, and who are not?—or, who are qualified, or who are not? Many more important questions might be asked in the SOCRATIC mode of logic, for there are several more important results and consequences of a strict and scrutinising registration than meet the superficial gaze. Let us then not hear of the NON-registration on the score of expense, for all our steps will be vague, indirect and imperfect without it. It is penny wisdom and pound folly. It is letting a ship go for a shilling. Is the profession at large so deeply affected with the *mal de poche*, that it cannot give to Belisarius the beggar's benison; is it so stricken with impecuniosity, or the "morbus nummarius," that it cannot afford a few shillings each man, for an expedient and indispensable preliminary measure, which certainly confers an advantage on all who have run on the right side of the post.

Dr. Martin Sinclair, M. D., a senior medical officer of the Hulme Dispensary, who is not a PURE, but has combined surgical with medical qualifications, like ourselves, agreeably to reason and truth, has some useful observations on "an efficient registration of licensed practitioners of medicine, and also of chemists and druggists," p. 11.

He proposes three modes to Lord Melbourne, the premier, in suspension, whose occupation, like Othello's, is gone—for a short time at least.

1. By the plan suggested in the Warburtonian Bill, through the clerks of the peace, for the different counties in the united kingdom.

2. Secondly, at the stamp office, at which the members of the legal profession, who, we believe, take out a certificate to practise every year, at a certain cost.

3. The third alternative is to appoint a REGISTRAR for each division of the empire, to devote his *whole* attention to the duties of his office, and respectively reside in London, Dublin, and Edinburgh.

He makes these objections to the Warburtonian machinery of the bill.

Objection No. 1 is, that "it is too much of it," for Mr. Warburton wrongly conceives that medical practisers and druggists are as exuberant in numbers as municipal and parliamentary voters, and their classification an

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object of most difficult accomplishment. He calls into the aidance of the principal registrars-general, the registrars of the births and deaths in England; the parish schoolmasters in Scotland; and in Ireland, the police and constabulary force, as in France, where it acts summarily against irregulars and quacks.

A question here arises, which cannot be decided irrefragably and precisely, until the results of the late general census are made known, and the subsequent general registration of the medical profession executed, with proper discrimination and exactness? We have wished to defer this subject for the general discussion of the principles and results of COMPETITION, after the requisite data have been obtained from these two great sources,—the Census and Registration. But we will just notice the best conjectures formed on general computations, from directories, &c. The question put by Dr. M. Sinclair, is:—"How many medical practitioners and druggists are there in any part of the empire, say England for example, although no precise calculation has ever been made as to the precise numbers of this community?"

His own answer is a guess, that 60,000 is the amount of medical practisers and druggists in England alone, at the minimum, and, not to be below the mark, perhaps 80,000, allowing for inaccuracies and omissions.

For our part, we think this statement exaggerated, as we do the statements in Marshall's statistical tables, which were supported by government, and distributed to the members of the two branches of the legislature, for their alleged correctness. Marshall puts down for the clerical, legal, and medical professions, a gross total of 90,000 families, and 450,000 persons.

This calculation gives to the church the third of the whole, which is 30,000 families, 50,000 persons; whereas a clerical registry has been published recently, and the precise number gives 15,000 total persons, which is the actual number of clergy, with their names, addresses, and local residences, and benefice or cures stated. The church, as we have explained, is not too overstocked now for a competency. On the contrary, the supply is not so great as the demand for curates and weekly duty men and assistants.

With respect to the general statement of Marshall, the numbers which he gives to the church, law, and medicine, if equally divided between the three, amounts each to 30,000 families, and 150,000 persons, which we think exaggerated—like the church. The number of clergy is limited to the number of parishes and towns, but there are non-resident classes and exceptions, and other points, to be taken into consideration in a precise calculation.

In the calculation of the families of 30,000 medical, legal, and church families, he includes 120,000 as the number of persons in their households.

Of the total number of 30,000 medical men in England, if the one-third in families amount to 150,000, it is meant that the last number of persons must be made up, whatever may be the real amount of their numbers, whether 30,000 or 20,000 medical men, by their wives and families in England alone.

Most of the preponderant and average calculations of the total amount of the medical profession, gives the final number at 20,000 individuals in England alone. But the number of IRREGULAR and UNLICENSED practisers is not known—has never been ascertained for a certainty, but are supposed to be a certain number, and to amount to about an equivalent to the fixed number of general practisers, and, as such, have been allowed for in making up the total of 20,000 in all.

Medical men can live in towns and large villages solely, and their hard means of subsistence are limited by the number of towns and populous villages capable of supporting them. The number of our towns is not calculated, so far as we know, or at least, if calculated, the calculation has not come before us, and we should feel obliged to any correspondent who could supply it. But the profession, at any rate, is overstocked to excess, in proportion to the increase of capital, and the quantity of remunerative employment;—and we infer, from a comparison of the total number of medical men with the GENERAL POPULATION, now computed by guess work, and relative rates of increase since the last census of 1831, at 17½ millions, gives one medical man to about 700 people, of whom 30 per cent. are liable to be sick within the year, according to Mr. William Farr.

If we subtract 30,000 medical men from 150,000 persons, we shall leave 120,000 in families. If we subtract 30,000 more for wives, though all are not yoked, we shall leave 90,000, burthens for children, assistants, servants, and indifferent relations and dependents to every parson's, lawyer's, and doctor's family, or 9 persons to every family, according to our hasty calculation.

But suppose we allow, lastly, 20,000 practisers, and 20,000 procreative wives, and regular ten-a-head procreative malthusians;* though many are sterile by self-confession, the number of about ten persons, on a rapid calculation, may be allowed to each medical family in the country.

We shall go on with this momentous subject next week.

(To be continued)

ON THE TREATMENT OF FRACTURE OF THE THIGH.

On Saturday, July 10, Mr. Gale, of Glastonbury, illustrated, at St. Thomas's Hospital, a very ingenious and most effectual plan of securing the immobility of the thigh, in cases of fracture, by means of splints of plaster of Paris, supported by others of deal. The evident and great advantage of Mr. Gale's plan, is the impossibility of the fractured portions of the bone being removed from the position in which they shall have been placed by the surgeon, with the aid of pulleys. No spasmodic action can displace them, and thus perfect ease to the patient is secured. This state of ease, paramount as it is in importance, is effected, by a passive resistance to the action of the muscles, without the least pressure: added to this, the facility with which the whole apparatus may be removed at a moment's notice, renders it a great desideratum in the treatment of compound as well as simple fractures. Upon the whole, it appears a most scientific mode of treating oblique fractures of the thigh, with a certainty of not having a shortened limb, and with the utmost benefit to the health of the sufferer.

Mr. Gale stated that he had had some very successful cases of compound fracture of the thigh; the treatment of which differs from that of simple fractures only in an alteration of the contrivance easily made by means of an aperture in the splints, so as to admit of dressing the wound without disturbing the limb.

* Malthus says, that such is the fecundity of women that, on an average, every woman produces ten children, but our population philosophers are very liberal in assigning those families, who are most *highly favoured* with a numerous offspring.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXVIII.—THE CHAUMIERE.

It is not a great way from the Barrière du Mont Parnasse to the Chaumière, which is situated on the Boulevard of the same name, and towards this *rendezvous* of the French students (and English ones, too, for the matter of that, if their turn of mind inclines them to dancing and conviviality) Huggles and Eulalie, followed by Swubs and Okes, now bent their steps; the *grisette* merely waiting an instant at Constant's to resume her bonnet, as the aristocracy of the Chaumière did not allow of young ladies dancing in their caps only. This important change in the toilet being duly effected, they paid their entrance money at the door of the garden, receiving a ticket for refreshment in return, to the amount of *fifty centimes* or half a franc, a sum which precludes you from making it available for anything beyond a bottle of beer, unless you paid something more in advance with it.

Our own Vauxhall, now that it is newly decorated and arranged, is immeasurably superior in its *coup-d'œil* of brilliancy and extent to the Chaumière at Paris, but it lacks the style of frequenters, who raise all the continental amusements so far above ours. Place the Vauxhall company in the gardens of the Boulevard du Mont Parnasse, and they would sink below notice; but transfer the spirit and gaiety, the students and *grisettes*, the *cabinets particuliers* and the general arrangements of the Chaumière to Vauxhall, and a *fête* would take place, to which even the gorgeous festivities of the Arabian Nights would yield.

Our friends passed up a small avenue bordered with flowers, and lighted by Chinese lanterns suspended over their heads, and then finding a table vacant close to the railings of the smoothly-gravelled space devoted to dancing, took possession of it, and ordered a bowl of punch—that is to say, a curious compound of burning brandy, sugar and lemon, which the French are pleased to dignify with the name of our exciting beverage, and to pay for which the united tickets of all four went but a very little way. It was, however, what our old friend Mac would have called "very good swiggle," and tended to allay Huggles's irritated feelings, whose face resumed its usual good-tempered expression, as Eulalie covered up her shoulders, and did not look about after the other students. Swubs and Okes being slightly *cut*, or, in polite language, "hit under the wing, so that they could not fly," began to talk French to the waiters, and dance a *pas de deux* by themselves, to the music of the band and the great

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edification of a municipal guard, who stood frowning, in all the pride of his tiger skin and horse-hair, at the entrance to the dancing circle. Altogether, they were all very jolly, and agreed that they did not care a damn for the Hall, the College, the Examiners, the decompositions of the Pharmacopœia, the Par Vagum, or the last regulations, no more than if such things, persons, or places, had never existed.

They had enjoyed themselves for about an hour and a half, during which time Huggles and Eulalie were twice marched out of the quadrilles by the *gens-d'armes* for dancing the *cancan 'un peu trop fort,'* in a style that would have sent the Bishop of London and the whole house of peers into fits, could they have seen it, when a circumstance took place that somewhat disturbed the hilarity of the party. The student with the light *paletot* and dark hair, who had ruffled Huggles's placidity at Constant's, and was a clean original of the dirty copies that flit about the "*quartier du Les-ter-square,*" in London, had, it appears, followed them to the Chaumière, and, after dancing opposite to Huggles in one of the sets, came up to Eulalie, at the conclusion of the quadrille, and asked her for the next, accompanying his request by a most winning bow and insinuating smile. Now, it is perfectly allowable at the Chaumière to address any young lady without an introduction, should she be sitting by herself, but if she is in company with another gentleman, whom you have reason to suppose is her acknowledged *amant*, étiquette obliges you to ask his permission to dance with her. In the present instance, this courtesy was dispensed with, and Huggles, seeing Eulalie hesitating, apparently undecided as to what she ought to do, answered somewhat shortly:—

"*Merci, monsieur; mais mademoiselle ne danse pas avec les étrangers.*"

The student took no notice of the reply, but, with a glance at Huggles that savoured somewhat of contempt, again addressed Eulalie, saying coolly:—

"*Veux-tu danser avec moi, mon ange?*"

"I have told you," said Huggles, horribly nettled at this last speech, and its intimate style, "that this lady is engaged—at all events, she will not dance with you, *monsieur*."

It is perhaps hardly necessary to state that it was the use of the second person singular in the stranger's last request that irritated Huggles. Nothing but terms of the closest friendship or familiarity justifies the substitution of "*tu*" for "*vous*" in addressing a French lady. We cannot make the same distinction in England between *you* and *thou*, but on the continent the liberty to *tutoyer* is as much guarded by the *grisette* as by the duchess—perhaps more so, as its meaning is more important.

"I did not address myself to you, monsieur," replied the student in French.

"I would advise you not to again," returned Huggles, leading Eulalie to a seat, and placing himself by her side, "Do you know this person?" he continued, inquiring of his fair companion.

"I danced with him at La Villette," returned Eulalie; "but I know nothing more of him. I do not want to dance again this evening."

The intruder, who still kept close to their table, muttered a broken sentence, in which the words "*cochon*," "*anglais*," and "*sacré*," were very perceptible. At last he came in such unpleasant proximity to the *grisette* that Huggles pushed him back with his elbow, exclaiming "*Va-t'en canaille!*"

The student, with the rapidity of lightning, caught up a glass of beer that was on the table, and dashed the contents in Huggles's face, who returned the compliment by planting a well-aimed blow upon his adversary's chest. He reeled back against another small round table, which he upset, falling himself amidst the bottles, glasses, and empty coffee-cups that were upon it.

"There will be a devil of a row," said Huggles to his companions. "Keep close to me, there's bricks, and don't let the beggars have the best of it, or we shall be perpetually bullied."

The passing strife had attracted several of the bystanders, and the table was instantly surrounded by students, whilst a confused clatter arose of every one vociferating at once, to which the tower of Babel was a dead silence. Completely hemmed in by young Frenchmen, Swubs perceived that they themselves would have little chance in a scuffle. He, therefore, seized two empty bottles by their necks, one in each hand, and jumping on the table, cried, "Now then, Huggy, let 'em come on; I'm game for any six of them myself, if they will give me room."

The student, who had first provoked the quarrel, and who had now recovered his feet, sprang upon Huggles like a tiger, and endeavoured to drag him down. But he had met with a little more than his match. Unless a Frenchman can kick your shins, or stick his fingers into your eyes he has little power to beat you. Huggles knew this; and, closing in quickly, he caught him round the waist, and again threw him heavily upon the ground. In a minute, seven or eight of his friends crowded round Huggles, with the intention of hustling him; nor was he able, with the assistance of Okes, to get them off, until Swubs jumped down from the table plump amongst them all, with an impetus that knocked a couple of them down, whirling the bottles over his head, like a black wild Indian in a show performing a war-dance, and mingling his shouts of "go it ye cripples!" with the "*A bas les Anglais*," that arose on every side. There would now have been, in all probability, a rather awkward skrimmage had not the *garde municipale* marched to the scene, and *vi et armis* broken through the ranks of the besiegers. In another minute, with true French versatility, the irascible combatants had started off in to a fresh quadrille, and Swubs, having once more climbed on to the table, indulged in a species of triumphant dance thereon, which certainly was more singular in its conception than elegant in its performance. As for the student in the *paletot* he had disappeared altogether, and Okes arrived at the conclusion that Huggles had knocked him clean through the ground into that day fortnight.

"I know that fellow now," said Huggles, when tranquillity was restored. "He wanted to pick a quarrel with me because we had a row about a subject at the Clamart a few weeks ago. I did not recollect him until this minute."

"I think he had quite enough of the ground to be agreeable," said Swubs. "He has *coupé*'ed his *bâton*, you may depend upon it, and we shall not see him here again after all."

"I was annoyed at first, because I thought he was after Eulalie," replied Huggles "Now I am glad it has happened. If the French fellows think we stand no nonsense, we shall get on much better in the Quartier Latin, for they will be afraid to annoy us."

Eulalie hearing her name mentioned, smiled and looked very pretty and amiable at Huggles, which quite composed his rather agitated temper. Swubs and Okes tossed for another bottle of wine to drink their own healths in, and the *émeute*—like all other French ones, begun, fought and finished before any one clearly knew what it was about,—entirely subsided into tranquillity.

"What is that confounded rumbling we hear every minute?" asked Swubs, as a prolonged noise, something like distant thunder, echoed through the gardens.

"That's the *Montagne Suisse*," returned Huggles, "let us go and see them, I think you will be amused."

"But we shall lose our places at the table," said Okes.

"Not at all," rejoined Huggles, throwing his gloves on one of the chairs, "that will be quite enough to shew that they are engaged."

"And do you expect to find those gloves there when you return?" asked Swubs, somewhat incredulously.

"Most undoubtedly," replied his friend.

"And it would be the same thing in the pit of a theatre."

"I suppose you mean in Paris, Huggy," said Okes. "I should not much like to try the experiment in the pit of the Adelphi, on a crowded night."

They walked together to the *Montagne Suisse*, which was situated at the extremity of the garden. Eulalie was in high glee at the anticipated diversion, for to a French grisette the *Montagne* is an amusement of the first class. The structure was a large inclined plane, having five sets of grooves running down it. On four of these, chairs and horses were placed, and the remaining one was used for the vehicles to be pulled back upon to the top of the mountain, when they had run their distance. The ascent was at the back of the elevation, by a Jacob's ladder sort of staircase, and when the chairs had gone their full distance, they were gradually stopped by running upon some soft tan in which the wheels got clogged, and their progress arrested.

Eulalie and Huggles took possession of the chairs, and linked their hands together in order to go down the slope side by side. Okes mounted one of the horses, and Swubs secured the other, on which he persisted in riding with his back to the head, grasping the tail for a bridle.

On being wheeled to the edge of the descent, they were all launched off at once, and shot down the hill with a speed that quite stopped their respiration; Swubs riding over his own hat, which fell off upon starting, and was immediately crushed quite flat. Okes gave a hunting "tally ho!" as he went down, with an emphasis that induced the lookers-on to consider his intellects slightly impaired, and Huggles and Eulalie never let go their hands, which is the perfection of descending the mountain, until they arrived at the slight ascent that checks the carriage before it finally stops.

"There goes your tile, Swubs," cried Okes, as soon as they came to a stand-still, "I heard it smash like a strawberry-pottle, when your horse went over it."

"Never mind, my boy," replied Swubs, "it was only a London six-shillinger. I'll never have another. There's no wear in them; they never look respectable; they stink like polecats, when they get wet, and they cost their worth in ink for the edges;" and taking the ruins of his hat from the man who brought it down to him, he thrust it on his head, and went back with the others to the table, where,

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as Huggles had prophesied, the gloves were found untouched.

"I should very much like to have a go-in at the waltzing," observed Swubs, as he watched the dancers whirling round the enclosure.

"I think you had better not," replied Huggles. "You'll never get a partner with that hat, in the first place; and, in the second, I did not know that you were a waltzer. Did you ever try?"

"That's just it—I never did," returned Swubs, "and I want to see if I can. You know we can't tell whether we can do anything till we try. I never thought I could detach an adhesive placenta until I made the attempt, and then I found I was able to do it."

"Well," continued Huggles, laughing, "I don't exactly see the analogy between waltzing and midwifery."

"There's more than you think for," said Okes. "They have both something to do with turning, but I don't mean that."

"I am going to waltz with Eulalie," said Huggles, rising. "All I have to say, Swubs, is, that if you get a partner, you will not come too close to me, I hope."

The band struck up Labitsky's beautiful "Aurora," and the dancers began to twirl round like tipsy teetotums. Mr. Swubs, emboldened by the *vin ordinaire*, after being refused a dozen times in succession by as many different *belles*, at last prevailed on a lady to waltz with him, on condition that he left his hat outside the ring. It may be conceived that the performance which ensued was one of a novel and extraordinary kind. Swubs rushed round his partner like a cork in a whirlpool, and at last, completely losing his equilibrium, fell down, dragging the *grisette* with him. A roar of laughter arose from the bystanders, and Huggles, thinking if they did not think of leaving, the Municipal Guard would remind them of so doing, got his party together, and returned to the Hotel Corneille —Eulalie and all. ROCKET.

(To be continued.)

CORRESPONDENCE.

To the Editor of the "Medical Times."

SIR,—The conjectures of who PROBE is are endless. I am glad to perceive that, by the majority even of those who indulge in such speculations, it is admitted that his motives are honest, his strictures just, and conducted with candour and truth, and that PROBE has adopted this course with the hope of bringing men back into the paths of propriety and of fair dealing. It is admitted that the strongest and most effectual weapons in the armoury of moral offence, are well-directed ridicule and exposure. They who are dead to every other reproof, whose hides are as thick as that prince of pachydermatous animals, the rhinoceros, feel an arrow from the quiver. They dread to be marked out—to be watched by the profession. There is no case, ending in manœuvre, or in intrigue, without preserving some credit, and having, at least, a specious and imposing exterior; as a trickster suspected, is the most contemptible and impotent creature in creation.

To expose, therefore, the false pretensions of affected patriotism, interested zeal, or counterfeit virtue, is to disarm them at once of all power of mischief, and to perform a public service of the most beneficial description, and in which a man may well employ his leisure hours. The Probe is not only useful in penetrating into the policy and principles of the men who have taken upon themselves to LEAD us, but, at the same time, enable the body to arrive at the real causes why such little results have been gained. It is true, that sometimes the chastisement of the satirist (as a very able moralist has asserted) rather exasperates than reclaims those on whom it falls. This is very true; but Probe writes for the public, not for private good; and hopes, that, by holding up the mirror to these unreflecting and misguided men, and showing up the folly of their proceedings, they may retrace their steps, and see the errors of their way. That there are some whom our endeavours will only make more obstinate, we acknowledge.

> "Peace to all such! we never meant to offend
> By useless censure whom we cannot mend."

Although the majority may be so honest as not to need it, and others are so bad as not to be improved by it, they are not arguments against its employment.

Mr. Farr, the subject of our present sketch, is well known to the profession by his labours. He is a dark active little man,—"Full, fat, and forty," with a head and intellectual development which would feast phrenologists for a month, and would seem to add weight to the specious hypotheses which they lay down. Dark, sparkling, and expressive eyes illumine a well-marked meditative countenance, and in which the similate between the outer and inward man is correctly exhibited: without being exactly such a head as "limners love to paint and ladies to look upon," it indicates capacity and intelligence equal to any undertaking, without entering into the abstruse speculation whether thought is the cause or consequence of organization, we cannot refrain from expressing the importance we attach to such natural delineations, and the silent veneration with which we have often beheld the grandeur of those architectural designs which frequently enshrine the majesty of intellectual greatness, and predicts from the lustre, the flash of the eye, the intensity of that internal fire of which they are only emanations; and have loved to look upon the eye in a moment of excitement—glistening from its spiritual port-holes—flashing its electricity upon the objects of its wrath, or when, with calmer, milder beam—

> ——"With the bright ray
> Of mind that makes each feature play,
> Like sparkling waves upon a summer's day."—BYRON.

We cannot indulge our readers with the history of the birth and parentage of this talented individual. The majority, we are sure, will be indifferent in which parish his cradle was rocked or his caudle first manufactured. His industry and love of methodic arrangement are exhibited in the very useful and instructive almanack which he published in 1838, but which was not properly encouraged by the profes- He is better known as a statist of great and deserved reputation. His exertions in this respect will confer incalculable benefits upon science and the country. The details of the medical department comprehended in the Registration Act have been unreservedly entrusted to this gentleman, and he has more than realised the expectations of the administrators of that measure, and the admiration of his friends. The weekly register of mortality for the metropolis is prepared by *him*. In medical politics he is a radical reformer. His whole character corresponds in this particular. His general views are always the same. To make medicine a republic, a commonwealth, is with him a passion, in which every member shall have a vote, where orders and artificial and aristocratic distinctions shall be annihilated. His constant aim is to unite the different orders of the profession into one common interest, in order that the bickerings, division, unimportance, want of influence, dignity, and station of this most learned and useful of all branches if human knowledge may cease. The principle wh ch he espoused at the onset of his career he has consistently supported.

To talk or write on reform is the delight, as to advance it seems the business, of his life. What Cicero said of his friend Sabinas may be said of him,—"There is such a modesty in his countenance, and such a sincerity in his conversation, that I am much deceived if he does not possess true honesty and simplicity." His published oration, or essay upon medical reform, was the ablest document that has met our eye; and won very general applause. It is a fine specimen of irrefragable argument; it gives evidence of a patient, enquiring, logical, and analytic mind, and shows up all the "*embossed sores and headed evils*" under which we suffer. He is the incarnation of the democratic principle. He hates the physician like poison. He is wedded to first principles, unlike Bishop Watson, who, wedded public principle in his youth, and upon which a wag whispered "he quarrelled with his wife ever since." Farr is still attached to them with the ardour and fondness of a first affection. At the council of the Association, or at a public meeting of the Profession, his diffidence paralyses his powers, and he is unable to arrange his ideas or arguments. Full of matter, and gifted with great conversational powers, either want of practice or an unconquerable shyness, prevents him bringing his talents to bear in public assemblies; occasionally at the council, when a principle is attacked, or likely to be abandoned, in his eagerness to defend them, he rattles along at a famous rate, when, all at once, surprised at himself, he shuts up and shrinks into himself, and hardly opens his lips for the rest of the night. He is supposed to write the leaders of *The Lancet* for some time; which, without reference to its politics or personalities, it must be admitted, are able, eloquent and energetic compositions. They have their faults occasionally; they make too much of a good idea, and are disposed to amplify it to redundancy. Good sense, a knowledge of his subject, appropriate argument to enforce, and chaste and classical illustration to adorn it, are qualities that even his opponents cannot deny him,—

> "His words bear sterling weight, nervous and strong,
> In manly tides of sense they roll along."

He has faults like other men. He is not sufficiently tolerant of the opinions of others, like Solon, who would punish every man with death that remained neutral in civil discord. He considers the moderate as enemies to the reformers, and would wage war against those who would not co-operate in the work of professional emancipation. Moderation is, in his dictionary, a sign of the idea—contemptible servility. Among the congregation of discontented speculators, of interested reformers, by which he is surrounded, he is not sufficiently firm; he allows himself, or pretends, to be moulded to their will; he connives at, or will not see, their intrigue, which he must despise, and even condescended to set his name as a delegate for an association that had no members, no existence, with a view to assist Webster in his scheme of swamping the provincial delegates, and foisting his extreme scheme upon them. This surreptitious mode of obtaining an object was unworthy of him and of every man engaged in it. Why should a man of his mind suffer himself to be made the tool of such a person as Webster. It is true he bears many things with a "patient shrug" for the sake of union and unanimity in the profession; but, if he had helped the honest to grapple with the causes of discontent when they first appeared, and removed them, the association would have flourished. He only tried to conceal, not to correct, them. Under his skilful hands, under able architects, it might have assumed a form of unrivalled excellence. Instead of extending its basis for the greater diffusion of its utility, it has, under the feeble hands of its managers, who

> Can only be extolled for standing still,
> And doing nothing with a deal of skill,

been contracted into a narrow clique or knot of inefficient and self-interested waiters upon the chapter of accidents, patiently fishing for any contingency that may arise, and to compromise a change, hoping to be able to better their individual conditions.

He is a man of most unwearied application. On the evening of every day he retires to his Tusculan retreat at Newington, to prepare for his daily and hebdomadal engagements, with his cat and his cook, the sole tenants of his domicile." He plunges over head and ears into cold and uninteresting abstracts of calculation and general statistics, and elaborates those articles from his intellectual smithy which weekly ring again with the sound of the true metal, and which are intended to keep his readers faithful and true to the cause of Medical Reform. From this hard life of study even the blandishments of the softer sex cannot seduce him. With such natural ability, with such unusual indefatigability, this little man is sure to go ahead. Others, with half of his materials, and with more assurance, would reach the top before he is half way up the hill. He proceeds slowly but surely, and by the time when the fine edge of his sensibility is worn off by the wear tear of life—when his energies are broug

action—he at once shall raise his own renown, and justify our praise. PROBE.

To the Editor of the "Medical Times."

SIR,—Permit me to correct an error on the part of "Probe" in last week's "Medical Times."

Although not an advocate for fulsome flattery, no person can more readily than myself congratulate the profession upon a medical man, so talented as the present Editor of *The Morning Advertiser*, possessing both the capability and the will of doing much towards improving the present deplorable state of the profession, and thereby rendering good to his fellow-creatures at large. But who, as "Probe" is aware, has only been very lately installed in his office.

I moreover, beg to state, what "Probe" must also know, if at all upon intimate terms with the Editor, that the medical leaders in *The Morning Advertiser* have, for these last seven years, been written by your obedient servant,

G. D. DERMOTT.

Charlotte Street School of Medicine,
August 3d, 1841.

[We received this letter at the date mentioned above, but pressure of matter prevented us giving it an earlier insertion.—ED.]

To the Editor of the "Medical Times."

SIR,—Mr. Friend having intimated to me that you would probably accept the accompanying case for insertion in your widely-circulated journal, I have drawn a report of the same, and send it you accordingly; not that the case presents anything of especial novelty, but, in a statistical point of view, it were better that all such cases were inserted in some largely-circulated professional periodical, so that at any future period useful generalizations could be drawn from the mass, both as to symptoms, quantity of poison taken, treatment adopted, and the result; however, I remit you the case with much pleasure, and leave it to your consideration whether it is in any way applicable to the object of your periodical; and believe me yours obediently,

— Bailey, Esq. P. MARGETSON.

CASE OF ATTEMPTED SUICIDE BY POISONING WITH LAUDANUM.

On last Friday, the 30th of July, a fine-grown and remarkably-handsome young woman, only nineteen years old, residing in the purlieus of Covent-garden, —one of the numerous class of *unfortunates*, the record of whose unhappy and deluded career is so frequently closed with the appalling relation of the commission of the master-crime of self-destruction,—after a quarrel with her brother upon the subject of the disgrace brought upon their family (which is understood to be very respectable) by her profligate conduct, attempted to destroy her life by swallowing laudanum. The quantity which was taken by her, at four separate times, as quickly as she had been able to purchase it in small quantities at different shops, amounted, in the whole, to at least nine drachms of the ordinary tincture of opium; the first dose was taken at 11 A. M., and the fourth at or near 2 P. M. At 3 o'clock, Mr. Margetson, surgeon, of York-street, Covent-garden, was sent for, who, with Mr. Jenner, his assistant, attended immediately. The patient, who had been brought in from the street, appeared much agitated, but sensible, complained of giddiness, confusion, and great pain of the head; heat, dryness, and swelling of the throat, and nausea, but was incapable of vomiting, except a little mucus mixed with blood, occasioned probably from irritating the throat, in the attempt to produce vomiting; countenance pale and haggard; the conjunctival membrane much injected; pupils firmly contracted; pulse feeble and accelerated; *drowsiness inconsiderable;* half-a-drachm of the sulphate of zinc was administered, and the stomach-pump put in operation immediately it arrived; by which the contents of the stomach, amounting to several pints, were drawn off; vomiting continuing for some time afterwards; and the matter ejected, toward the last, smelling strongly of laudanum. Symptoms of narcotism now rapidly supervened, and it was with the utmost exertion the patient could be roused, when she complained of intense pain of the head, giddiness, and loss of vision—the features becoming alarmingly pallid and collapsed; pupils still contracted; pulse small, rapid, and feeble. Ammonia was administered internally, and applied to the patient's nostrils; strong coffee given; cold water dashed forcibly over the head and face; and the patient agitated and kept briskly moving about. She was then bled, to 12 or 14 ounces, which was followed by rapid and remarkable relief of the congestive symptoms, evinced by returning consciousness, decrease of pain, and restoration of vision. By a steady perseverance in the above means, the patient gradually improved; and by nine o'clock at night all symptoms of danger had vanished.

N B.—The most remarkable feature in this case was the protracted period of the appearance of narcotism, viz, to two hours and a half, after having taken to the amount of six or seven drachms of the laudanum; this seems attributable to the protection afforded to the stomach by the copiousness of its contents. The circumstance of the signal and speedy relief of the cerebral symptoms produced by venesection is also worthy of especial notice.

ARGUS.—No. IV.

"THE LANCET" AND MR. MUNTZ—AND ENGLISH PRESCRIPTION CLAUSE.

"Argus, qui voit tout, avait cent yeux, et deux seulement se fermaient à la fois, pendant que les autres veillaient."
Encycl. Méthodique.

THE LANCET appears to have become an advocate of Mr. Muntz's clause in favour of anglicising prescriptions, by directing a correspondent to modify them.—[*See notes to correspondents, addressed to "Chirurgicus," probably a* PURE *Surgeon, July* 17, 1841.] In a succeeding number, July 31, it makes this remark:—"Medicine will never be duly *respected* or *valued* as a science whilst its proceedings are veiled in *mystery*. It is as *quackish*, with respect to the vulgar and unlearned, to adopt *Latin* in writing orders and recommendations as it would be to the learned themselves if others, in giving directions, were to convey their orders and notions in hieroglyphics." It depends on what the orders are about. As an abstract principle, this may be *theoretically* true, and may sound well; but it is, after all, a question of old experience and minute *practical* knowledge of human nature, and the weaker principles of the human mind, and not of words. The use of Latin in the composition of medical literature is very ancient, and was very useful, because it was a general language and medium of communication of the civilised and educated in all countries, when one country could very seldom construe or read the foreign languages of another. We have hardly known a time in the history of medicine when prescriptions have not been written in the Latin language; and if Mr. Muntz can effect his purpose, through the medium of Mr. Warburton's Medical Profession Bill, all we can say is, that the blow will be felt not only by the learned men of the Medical Colleges, Faculties, and University Schools, but by all Physicians at large. How many elegant, useful, and improving works, beautiful compositions and elegant latinity of Dr. Turner, Dr. Hamilton, &c., up to Dr. Paris, containing the foundation and the first principles of therapeutics, and the art of the physician in the classical language of gentlemen and scholars, will be followed by a change, an alteration, but no improvement, which will completely vulgarise the ART of PRESCRIBING down to the par of the counter and the mob. In practice, it will work the greatest mischief, for we will declare over and over again, after twenty years of the roughing up of our own way, with a bad profession, in a bad world, that this ill-omened change will work the greatest detriment to the physician, and prove eventually injurious to the public. We resolutely repeat, that if we are to succeed in cases of very difficult cure, "the very despair of physic and surgery," as Shakspeare says, after the failure of Routinists, systematists, dogmatists, hereditaries, and common regulars, and practisers of unsound mind, as Professor Gregory terms and afterwards defines them, we must prevent and not permit the new influence produced in the patient's mind by knowing the remedy first and the disease afterwards, for confidence and the state of the mind are half the cure. If human understandings were all equal, if all men and all women possessed common sense in matters of physic, it might be different, and this silly and mischievous innovation might be tried. But, constituted so weakly, ignorantly, perversely, and unreasonably, as poor human nature is destined ever to be in respect to certain principles of the human mind, the full disclosure of the disease, of the remedy, and of the principles of the art of physic, will baffle the physician's success, and the patient's cure: in nine instances out of ten, it will cause scepticism, indifference to, and contempt of, all three, because they cannot be comprehended. It will destroy confidence between both parties, and defeat every hope of relief or recovery. A man gets no credit with the world for giving them that information they do not ask him for, and do not understand, and which it is a just policy and a fair self-protection to evade without any astute or quackish feeling at all.

SIDE-SLIP FOR QUACK'S CORNER.—NO. IX.

"He starves at home; or practises, through fear of starving,
Acts which damn all conscience here."
Anon.

"The strolling tribe, a despicable race,
Like wandering rats shift from place to place."
Anon.

AURISTS.

WE concluded our last castigation of QUACK-AURISTS by reasserting that which we proclaimed in *The Lancet* boldly, openly, and fearlessly, in March, 1831, viz.—"That what are called Aurists are nothing but swindlers under another name, vile pickpockets, and quack-salvers under false pretences." We have stuck to this opinion for twelve years; and, in our more mature years and experience, we see no reason whatsoever to depart from it, however *some sort* of people may fume over it with toothless rage.

As for the opinions of what is called the British public in favour of AURISTS and their subdivision of labour, we consider an immense majority of that public to be poor deluded individuals, who have ever been more notorious in matters of physic for ignorance, prejudice, gullibility, and infatuation, than for principles of common sense. They are of that class, who are called the VULGAR RICH and VULGAR POOR, and are laughed at or commiserated for their folly by the wiser and more sagacious of mankind.

All that can be known of the modes of treating diminution, obstruction of hearing, or complete deafness, like that of Cruikshank's humourous story of the deaf postilion, may be learned by two hours' study a day for six weeks. At least that time is quite sufficient for a practiser of surgery, whether a PURE or that "COMPOUND called a GENERAL," unless he is a German Dumheit, *anglicè*, a stupid dunce.

If a regular medical practiser of any grade wishes to know all that is worth knowing about the ear and its diseases, let him read, above all, Itard's work, the man who wrote the first and best book; the article on the ear in *Cooper's Surgical Dictionary*, which is indeed the best general treatise on the subject in the English language. Dr. Copland's article on Hearing, in his dictionary, is recent in condensed matter, and excellent; the articles in

Forbes's Cyclopædia of Medicine are good. He may also read the article, Surdité, in the *Dictionnaire de Médecine;* but M. Delau, of Paris, the gifted successor of Itard, has been more precise than any man in his discriminations of the diseases of the ear, and has been the most successful in his treatment, particularly in cases of deaf and dumb. He has published five treatises. He may also read the works of Cramer, who cuts up the Aurists, and skins them alive. It is lost time to read the trashy fustian of English Aurists.

Dr. James Copland, in an excellent article in his *Dictionary of Medicine*, observes:—"With a desire of restoring the affections of the ear to the care of the REGULAR practitioner, from whom the pretensions and ADVERTISING ASSIDUITIES of EMPIRICS have almost entirely removed them, I shall next take a brief survey of the principal remedies employed in the treatment of these affections. And here I may remark, that *none* but *well-educated men*, pursuing *other branches of practice*, should undertake the management of these disorders, for *they only* are *capable* of *ascertaining the various pathological conditions* of which DEAFNESS is either an immediate or a remote and indirect *consequence*, and of appropriately prescribing means of cure—of employing those means without *risk* of injury to the function or to the organ, or even to the brain, with which the organ is so intimately connected."—(*Art. on Hearing, Med. Dict.*)

We cannot declare too emphatically with what truth and exact identity our long-experienced opinions agree, and have all along agreed, with those of our literary acquaintance, the learned Dr. James Copland. Quite sure we are, that if all the most solid thinkers in the profession were polled to-morrow for their conscientious suffrages and decision, there is not one sentiment we or Dr. Copland have now and heretofore expressed on these points, and more especially on that one point, that the Aurist is virtually a self-disqualified man, which would incur a single dissentient voice. The Aurist is more superfluous, useless, and mischievous, than any other inferior and pretending class of subdivisionists; and, from his gross ignorance of the structure and functions of that little automaton, MAN, his head is a mass of confusion, elementary incapacity, and blundering mistakes: his work is the work of a knave-fool. The physician, surgeon or general practiser, if a regular and licensed man, and not, like the Aurist, a wholly-ignorant and utterly-incompetent man, in the commencement knows very well the frequent connexion and relation of constitutional causes to hardness of hearing, diminution, obstruction and deafness: he is, therefore, the best qualified party, if he choose to be so, for the treatment of EAR CASES. But what does the QUACK Aurist know of combined or complicated disease, who has never studied the anatomy and physiology of the human body, and has never been permitted to run the risk of treating any sort of case in his life? To attempt to answer this question, would be a negation of common sense; for it is a *primâ facie* truth.

MEDICAL REFORM.

On Monday, August 2d, George Duncan, Esq., M.P. for Dundee, was waited upon by a deputation of the Eastern Medical Association of Scotland, to solicit the support of the honourable gentleman in favour of the important cause of Medical Reform. The deputation were much pleased with the cordiality of their reception, and the handsome manner in which Mr. Duncan promised to support the important measures of which they are the advocates.—*Dundee Warder.*

CHESTER SUMMER ASSIZES.

Thursday, July 29, 1841.

Before Lord Abinger and a Special Jury.

THE MASTER, WARDENS, AND SOCIETY OF APOTHECARIES *v.* WILLETT.

This was an action for the recovery of penalties alleged to have been incurred by the defendant, by having practised as an apothecary at Great Budworth, in Cheshire, without having obtained a certificate of his qualification to practise, as required by the 55th Geo. III. cap. 194.

Mr. John Jervis and Mr. E. V. Williams appeared for the plaintiffs. The defendant did not appear.

Mr. John Jervis stated the case to the jury. The defendant had practised three years at Great Budworth as an apothecary, without having given the proof which the law had required of his competency for such practice, and the society's remonstrances against his continuing to practise without legal qualification having been disregarded, they had been under the necessity of resorting to the present proceedings. The society's only object was to enforce the law, and publicly announce that unqualified persons would not be allowed to practise with impunity; they would, therefore, be satisfied with a verdict for a single penalty. The following witnesses were then called.

Thomas Clarke stated, that he was a farmer, living at Seven Oaks, near Northwich; that he was taken ill in the middle of January last, and was attended by defendant for upwards of a month; his disease was the small-pox; he lost his eye from the disease; the defendant supplied him with medicine; the defendant sent in a bill, which was paid by the witness's father.

Herbert Thomas proved that he was in the habit of fetching medicines from the defendant's house for the last witness during his illness.

The bill was then put in, which charged for journeys and medicine, and was receipted by the defendant.

Harriett Nixon, the wife of Abraham Nixon, stated, that she lived at Great Budworth; her husband was ill last spring; he had a cough; he was attended by the defendant for a week or more; the witness fetched physic for her husband from the defendant's house; the defendant said he had the typhus fever; the defendant had a ham of the witness; it weighed thirteen pounds, and was to be nine-pence a pound; the defendant had not paid for it; the witness will now ask him for it.

Sarah Johnson, the mother of the last witness, remembered her son-in-law being ill; he had a bad cough, and complained of his breathing; she went for the defendant; they owed him a small bill of 4s. 1d. for a former attendance; he hesitated about coming; he did not say whether he would come or not; they had got a ham in the house; the witness did not know what to do; she told the defendant he might have the ham to settle the bill; after the defendant had seen Abraham Nixon he told the witness he had the typhus fever; the witness once fetched medicine for Nixon from the defendant's house; it was pills.

Mr. Jervis stated, that he was prepared to give evidence of several other cases if it were necessary.

Lord Abinger summed up the case to the jury. It was an action brought by the Apothecaries' Company, for the purpose of preventing an uneducated person from practising as an apothecary; and it was of very great importance to the public health, that persons who were incapable, from a deficient education, of understanding the medicines they dispensed, should be prohibited from practising altogether. It having been found necessary to exclude from the practice of the profession all those who had not been properly educated for it, an Act was passed for that purpose in the reign of George the Third, by which it was enacted, that if any man should presume to practise as an apothecary, unless he had been before practising as such (for the law did not affect old practitioners), without having a certificate from Apothecaries' Hall, he should be lisble to a penalty of twenty pounds. There was no evidence here that the defendant was in practice at any time before the month of July, 1839, or a short time before. It did not appear that he had a certificate; he made no defence: and, therefore, it appeared to the learned judge that the jury might fairly conclude that he was not qualified to act as an apothecary.

The learned Judge, in commenting upon the evidence which had been given of the defendant's practice, observed to the jury, that the defendant had not practised without remuneration; he had done it for emolument; and that it appeared to him that if the jury saw no objection to the evidence, a sufficient case had been made out for a verdict for a single penalty.

The jury returned a verdict for the plaintiffs for one penalty.

BIDDER, MANDL, AND BUSK, ON THE STRUCTURE AND GROWTH OF THE HUMAN HAIR.

The human hair consists of an aggregation of longitudinal fibres, resulting from thread-like rows of cells, which, during their gradual advance from the base of the pulp to the extremity of the hair itself, undergo changes referable to the ordinary laws of histological development. The extremely minute elementary fibres of the hair exhibit at intervals dilatations, the remains of their original cellular elements, the vitality of the hair itself appears to be proved by the fact, that in the majority of cases of Plica examined, the matted hair tufts did not extend to the surface of the scalp, but consisted of groups of hairs which were healthy at the base, and were implanted in healthy bulbs.—*Müller's Archives*, 1840.

M. Mandl states, that in individuals who have had their hair recently cut, each hair preserves its diameter to its free end, which presents a truncated extremity, where the eye may distinguish its section. But if those same hairs are examined after a long interval, each hair is found to be terminated by a pointed extremity, more or less long. M. Mandl considers this change to be the result of a vital process.—*Comptes Rendus.*

No hair of any animal is a simple tube, but the interior of all is cellular, like the interior of a quill. The cells in most hairs are irregular, but in some they are remarkably regular in size and distribution, among which may be specified, the fine hairs of all rodents, &c. In this class of hair, the colouring matter is confined strictly to the cells. The growth of the beautiful hairs of the bat kind, can hardly be explained, without allowing them an independent power of development.

It is difficult in many hairs to demonstrate the cellular nature of the internal structure, and the opinion that the human hair is a simple tube, has, we should be disposed to imagine, arisen from optical deception. We have seen a hair taken from the skin of a native of New Zealand, whose face was closely tattooed, and which hair was of a bright blue colour, from its having taken up some of the colouring matter used in tattooing. Under the microscope this hair showed the cellular structure very distinctly; it was rendered manifest by the colour. In hairs, whose cellular structure is not regular, the colour appears to pervade all parts of the hair, from which we may probably conclude, that the regular colour cells, in the fine hairs of rodents, and others, are more analogous to the cells of adipose tissue, and are specifically intended for the secretion and retention of the colouring matter.—Mr. Busk *in Microscopic Journal*, 1841.

ON THE DEVELOPMENT OF NERVES ON THE SURFACE OF THE CEREBELLUM.

By JOHN HUGHES BENNET, M.D., Edin.

Dr. Bennet, when at Heidelberg, was present at the examination of a body of a man 38 years of age, a patient in the Lunatic Asylum in that town, who had died of acute pneumonia. On examining the cerebellum, Professor Bischoff, who conducted the dissection, observed several white lines traversing the surface of that organ, which he, and the other persons present, took to be blood-vessels. Dr. Bennet, from the manner of their distribution, and the character of their anastomoses, pronounced them to be nervous filaments. On more minute investigation they were found to lie below the pia mater, for, on detaching this membrane, they remained adherent to the grey matter. The lamellæ of the cerebellum were observed to be interrupted nearly about the middle of the right lobe anteriorly, and the surface

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of the organ, at this point, presented an appearance similar to that of the cerebral convolutions.

On making an incision into the right lobe of the cerebellum, at the point fromwhich one of these filaments issued, nearest to the mesial line, it was found that it took its origin in one of the prolongations of the medullary matter of the crura cerebelli, which constitute the arbor vitæ. It appeared to be a continuation of this medullary matter, assuming the form of a nerve when it reached the surface. That nerve took a direction upwards and outwards, and at last buried itself between the fourth and fifth anterior lamellæ of the cerebellum. In its course, it gave off three branches which had a similar course and termination, and which anastomosed freely with each other. Three other filaments were observed which appeared not to be connected with the preceding nerves, but their origin could not be traced, as the specimen was preserved to form a preparation.

The identity of these filaments with nervous matter was determined by observing their tubular nervous structure under the microscope, by comparing them with portions of other nerves from the same subject, and contrasting them with a small blood-vessel of similar calibre from the pia mater.

Dr. Bennet shewed a drawing which he made of the parts, to Professors Tiedemann, Weber, Wagner, and Müller, who all declared that they never had seen any similar appearance, but agreed in supposing that they might have been overlooked from their resemblance to small blood-vessels. Professors Berres of Vienna mentioned, that he had once observed in a cretin, similar nervous fibres ramifying on the surface of the brain; these communicated with the ganglionic system.

Dr. Bennet regards this to be an abnormal structure.—*Bulletin de la Société Anatomique de Paris*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 24th July, 1841:—

Epidemic, Endemic, and contagious diseases	132
Diseases of the brain, nerves, and senses	156
Diseases of the lungs, and other organs of respiration	233
Diseases of the heart and blood-vessels	15
Diseases of the stomach, liver, and other organs of digestion	71
Diseases of the kidneys, &c.	8
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	2
Diseases of uncertain seat	81
Old age, or natural decay	52
Deaths by violence, privation, or intemperance	14
Causes not specified	1
Deaths from all causes	778

MALIGNANT DISEASE OF THE PENIS.

By THOMAS BANCKS, M.R.C.S. Stourbridge, Worcestershire.

JAMES HARDING, a short, sallow-looking man, about fifty, consulted me in March last, with malignant disease of the penis. He states that three months ago he perceived a wart at the edge of the prepuce, which increased, and became painful, and the base gradually degenerated into a fungoid ulcer; several more ulcers also formed over parts of the penis, and sharp lancinating pains were constantly felt. He had congenital phymosis, which, I believe, is almost invariably the case with malignant disease of the penis; and when I first saw him, the wart so obstructed the opening of the urethra, that an ulcer was formed at the side of the prepuce, through which the urine escaped. I immediately made an opening through the prepuce down to the corona glandis, and found the glans penis involved in the disease. For about three months various means were used, both local and general, but without effect; the pain increasing in severity, the ulcers increasing in malignity, and the pus highly offensive, until his life became a complete burden. I proposed amputation; this he objected to at first, and went into the infirmary at Worcester, where also amputation was proposed by the surgeon under whose care he was. He after a short time left the infirmary, and returned to me, stating his willingness to undergo the operation, which I performed on the 10th of June, with one stroke of the knife; a sufficiently healthy part being left to hold, in case of much hæmorrhage. Five arteries were secured, and dry lint applied. The wound was perfectly healed in three weeks, and retraction of the remaining portion has taken place to a level with the abdomen. He is now quite well.

GRADUATIONS AT EDINBURGH, 1841.

There are 104 candidates for the degree who have passed their examinations, defended their theses, and gone up on the Capping-day, August 2.—The number is less than formerly.

One of them, who is our Correspondent, remarks, that such is the state of competition in private practice at Edinburgh, that there is an excessive and superfluous number of 300 practitioners, of whom none have any present prospect of employment.

The reply of our friend, the late Dr. Reid, to us, in 1829, when we asked him "whether the North was as much overstocked as the South," was, "Ah, mon, we of the North are all lying here six in one bed."

As Professor Alison observes, in his able pamphlet on Comparative Population and Competition, that the means of the whole population of Scotland is reduced so low, *as 2s. 6d. a-head per week;* and, as he observes, that the rich have a bad seed sown in their hearts, which closes both their hearts and hands against all

"Who solicit the cold hand of Charity,
To shock us more, solicit it in vain."

We should think with these, and the difficulties of the middle class, "one half of the medical profession" in the North "do not know how the other half live."

VACANCIES, PROMOTIONS AND APPOINTMENTS.

WAR OFFICE, AUGUST 6th.

RIFLE BRIGADE.—E. G. Lloyd to be surgeon, vice R. Ranken, who retires upon half-pay; Assistant-surgeon H. Hadley, M.D., from the 40th Foot to be Assistant-surgeon, vice Lloyd.

2ND WEST INDIA REGIMENT.—J. H. Hardie, M.D., to be Assistant-surgeon, vice Shirrefs, who resigns.

ROYAL CANADIAN REGIMENT.—Assistant-surgeon W. Hall, from the Staff, to be Surgeon.

ORDNANCE MEDICAL DEPARTMENT.—Assistant-surgeon J. E. Williams to be Surgeon.

APOTHECARIES' HALL.

List of Gentlemen who have received Certificates:—

THURSDAY, JULY 29th, 1841.—J. W. Turner, Banstead, Surrey.—J. R. Withecombe.—F. R. Peck, Newmarket.—W. S. Cortis, Hull.—R. G. Wollaston, Bishop's-castle.—W. E. Johnson.

THURSDAY, AUG. 5th.—G. C. H. Wigan, Portishead.—E. Hoskins, Derbyshire.—J. Bunson, Denmark-hill, Camberwell, Surrey.—L. D. Smyth, Bingham.—F. H. Kelson, Bath, Somerset.

OBITUARY.

Lately at Paris, M. Turpin, an eminent microscopic observer and draughtsman.

At Petoni, New Zealand, on the 18th of January, Mr. Grahame Tod, surgeon.

At 175, Buchanan Street, Glasgow, on the 10th current, Gilbert Dickson, Esq., M.D., formerly of the Island of Grenada.

At Cawnpore, on the 2d of May, James B. Steele, Esq., Assistant-surgeon, H.E.I.C.S.

At Fife Place, Glasgow, on the 11th instant, William Auchinloss, M.D.

At Ipplepen, S. Burrows, Esq., M.D.

At Lanark, on the 14th current, William Hamilton Livingston, M.D.

At Bellingham, on the 5th instant, aged 76, James Routledge, Esq., Surgeon.

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(Signed) "C. H. WILKINSON, M.D."

"Dated, October 23, 1840."

"To Mr. C. DINNEFORD, Bond-Street, London."

The above is further corroborated by PROFESSOR BRANDE, of the Royal Institution; Dr. PARIS, Author of the Pharmacologia; Dr. COLLYER, Translator of the Pharmacopœia (see p. 93); and Mr. MORGAN, of Dublin, who also examined and reported on Sir James Murray's Compound.

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LEGISLATIVE REFORM OF THE BRITISH MEDICAL POLITY.

LAWS AGAINST QUACKERY CONTINUED. NO. XXII.

"Empirics will undertake all CURES, yet know not the *causes* of any disease. Dog-leeches!"—

Ford's Love Melancholy.

1. *Wholly Ignorant Prosecuted.*—2. *The Unqualified Diminished.*—3. *But the Blue-Bottle-Counter-Druggist-Surgeons Increased.*

(Continued from page 178.)

THE real and actual results of prosecution have been these:—"By holding a rod *in terrorem*, the anti-quackery clause has debarred many unlicensed and unqualified persons from practising since 1815, and their numbers have diminished since that period, and the ratio of them is diminishing from year to year." They have diminished because this body of general practisers and apothecaries were all unlicensed before 1815. Such was the deteriorated and degraded state of the medical profession only twenty-six years ago, that no one knew who were qualified or who were not. The number of uneducated compared with the educated is less, and diminishes from year to year. (*John Bacot, Esq.*) The number of unlicensed practitioners has rapidly diminished, because the powers of the Act are more readily submitted to, and the *public* are more *anxious than they were formerly* to consult those who have *given a proof* of their possessing the requisite medical knowledge. (*Mr. Ridout*). Mr. Watson, having been asked what was the most effectual mode of excluding from practice any but the well-instructed, remarked, that "in proportion as the education of the general practitioners has become *extensive*, the examinations *more strict*, and the *expense* to the students *greater*, the number of medical students and the number of qualified medical practitioners has increased." In the first place, we imagine that the drift of this question pre-supposed the recent legal existence of a half-taught, cheap-dubbed, undercutting class of inferior practisers, and implied the idea that, if the profession is to be further elevated, and the low grade got rid of altogether, it must be effected, not by cheapening the profession, and increasing the competition and the degradation of the profession. The cheap-doctor system would now level downwards with a vengeance, and, if continued, would settle the fate of the profession, by reducing it to the lowest level of society, in the eyes of the respectable public. Mr. Ridout was also asked, whether, "their education ought not to be rendered as complete as possible?" Mr. Ridout answered, that, "substantially, the practice of the whole country was in the hands of the general practisers. They form the largest portion of the medical profession. Their education should be rendered as complete as possible; so long as the public place confidence in that class, that class should always deserve the confidence so placed."

2. They have selected others—very ignorant persons—for prosecution. The first man prosecuted was a SERJEANT, from Warburton, in Staffordshire, which induced the Judge to ask him to spell the word. This he tried seven times to do, and failed each time. Those prosecuted *for ignorance* have had *little or no education at all.*—(*J. Bacot, Esq.*)

There is *primâ facie* evidence that persons excel others in ignorance, who have not attended any courses of medical lectures, or hospital practice, and have not been examined for any medical degree, diploma, or license. A man, though he has been to a certain extent educated, may, of the two, be a more pernicious person than an utterly-ignorant man. This is an accurate definition of a downright ignoramus, and a half-and-half animal. A little knowledge in medicine is a dangerous thing, and the conceit of a self-taught or presumptuous sciolist is more dangerous, because more disguised.

Mr. Field also alleged that the relative number and proportion of uneducated and educated practisers is unknown, but it is supposed that the educated class are increased since the Act of 1815. A great number of well-educated practisers have passed the Hall within the last ten or fifteen years. But, although this improvement is visible, this exception to it is obvious,—that the number of chemists and druggists, practising in their shops, has also increased by the reservation of their right in the Act of 1815, though it is understood by the opinion of counsel, to apply only to those who were in existence before the act passed; but the society had not courage enough to act upon that opinion. The chemists and druggists also took upon them the care of the parish poor, of which the licensed apothecaries complained. (*Mr. Henry Field.*) The legality of druggists and chemists, and blue-bottle-counter-druggist-surgeons practising as surgeon-apothecaries, will, we believe, be determined, in many points of the question, by the approaching new trial of the Society of Apothecaries, *versus* Greenough; particularly in that point, that the act of 1815, and its prohibitory provision, "is not to prejudice the trade of a chemist and druggist in preparing and dispensing drugs." It will determine whether or not they may visit, if after prescribing and dispensing, they visit without charging for attendance, and merely charge for their medicines? Whether, according to the 28th section, a druggist, or person who merely sells medicine, though he may prescribe and visit, if he does it merely as a chemist and druggist, and *does not hold himself out as an apothecary*, is, or is not, within the penalties of the Act? (See *Medical Times*, No. 90, Vol. IV., Page 124.)

The next question is, whether the prosecutions were chosen and selected judiciously?

They have not only selected wholly-ignorant and utterly-incompetent persons, for prosecution, but also prosecuted PURES, the REGULAR graduades of Universities, &c. The medical officers of the army and navy they were compelled to let alone. In fact, as Dr. G. Burrows said in his evidence, like the College of Physicians of old, "They molested those practitioners, who, although they might not possess a legal qualification, were yet, from their education, fit to practise with advantage to the public. He was of opinion that the prosecution of the most ignorant would have done the most good." But *the error* was they could *not* make *their own* selection of the proper persons to be made examples of, because they *must have* an *information* from *others* against a particular individual, before they could proceed to prosecute him. In fact, the Hall selected for prosecution the men of the largest practice, and left the most ignorant unmolested, upon the information of parties actuated by motives of rivalry and private interest. The Act has been a check, but no remedy or cure for quackery; it has done good by exciting fear of prosecution."—(*Dr. G. M. Burrows' Evid.*)

It was naturally asked by the committee, whether the success, that caused rivals to turn informers, was the result of the REGULARS' or QUACKS' merits? And, whether success generally in getting into extensive practice, is the strongest ground of supposition that the party deserves it? The answers were true and just. Mr. Bacot replied, "I am not prepared to say that there are *so many other things (?) besides professional knowledge which enable a man to get into practice!*" Dr. G. M. Burrows also observed: "The RICH encourage quackery as well as the POOR, by entrusting their healths and lives to irregular practisers." John Nussey, Esq., also observed, that "the wealthier classes, not less than the middle and poor, employed unqualified practitioners." Mr. Nussey thinks this "power should be exercised *summarily* by a magistrate or two magistrates. It would evidently tend more than the present law does to put a stop to irregular practice. The law as it stands at present appears to me to fail of attaining all that is contemplated."

The Company, having experienced all these stated difficulties in the prosecutions, have now for many years entertained an intention of withdrawing the power of prosecution from their Act, but Mr. H. Field admitted that he could not say "how the Act would have any *force without* prosecutions." At the late conference between the delegates and deputies and the Hall, it would appear that they have prepared a new Act, in which the clause is to be so disposed of. If so, may God protect the country from the consequences of unbridled and licentious irregularity and quackery. If the Hall abandons all future protection, and Mr. Warburton is resolved to extend his shield over irregularity and quackery, the profession may whistle at the consequences!

(*To be continued.*)

UNIVERSITY COLLEGE HOSPITAL.

WOUND OF THE BRACHIAL ARTERY IN VENESECTION.

M. W., late lieutenant R.N., admitted April 8, under the care of Mr. Quain (dresser, Mr. G. Camrey). It appears that about two hours ago, when going to the office with which he was connected, he was seized with a fit resembling apoplexy, and was taken to a surgeon, who states that he attempted to bleed him in the median cephalic vein, but failed, owing to its small size; and that while puncturing a vessel situated more internally, "the patient suddenly jerked his arm forward, and immediately a large gush of arterial blood flowed from the wound."

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A tourniquet was applied in the course of the brachial artery, and the patient brought to the hospital.

On admission the patient was stated to have lost about thirty ounces of blood, and when the tourniquet was slightly relaxed, a free gush of arterial blood took place from the wound situated over the course of the brachial artery at the bend of the elbow. Mr. Quain determined on securing the bleeding vessel, by placing a ligature above and below the puncture. The patient being placed in a favourable position, and the arm supported on pillows, the tourniquet removed, and pressure made by the fingers of an assistant, while the venous blood was prevented from flowing by pressure on the forearm made with the hand of another assistant; the wound was enlarged to the extent of about two inches in the course of the vessel; and some coagulated blood being removed by means of a sponge and the handle of the scalpel, the tendinous expansion of the biceps muscle being brought into view, was divided to the same extent. The artery was now exposed, and an opening, occupying nearly half its circumference, was brought into view. Ligatures were then passed round, and secured, one above, the other below the opening. The pressure being removed, all hæmorrhage had ceased. Lint, steeped in cold water, was then applied, and the patient placed in bed. He was almost insensible; pulse in the left forearm 60, and full; none in the right forearm; breathing slow, not stertorous; pupils much contracted; face drawn to the left side; right arm and leg partially paralysed.—Ordered to have six grains of calomel immediately, and a drop of croton oil every two hours until it operates.

Vespere.—Continues much the same; wound closed by strips of isinglass-plaster; and the arm surrounded with flannel.

9. Continues in nearly the same state; bowels have been freely opened; he frequently raises his left hand to his forehead.—Ordered ten leeches to the temples, and a blister to the nape of the neck. A feeble pulsation or thrilling can be felt in the radial artery of the right arm. He continued in nearly the same state until the 13th, when the report states him to be much worse. Pulse 130, small; constant rigors; feet cold. The discharge from the wound in the arm very offensive, and there is much ecchymosis around it. In the evening he became still weaker, and died.

Post-mortem. Head.—In the left ventricle of the brain was found a large quantity of dark coagulated blood; the substance of the brain around, including the thalamus opticus and corpus striatum, was softened and disorganised.

Chest.—The lungs were much congested, and easily broken down; the mucous membrane of the bronchi presenting distinct marks of inflammation. The summits of both lungs were marked by old and firm cicatrices; and a few miliary tubercles were scattered through them.

The Heart.—The viscera of the abdomen were healthy.

State of the Arteries of the Arm in which the Brachial had been tied.—With the view of ascertaining with exactness by what branches the circulation had been restored to the forearm and hand, after the application of the ligature to the main vessel, common injection was forced into the end of the axillary artery, above the origin of the collateral branches which ramify about the elbow-joint.

On pursuing the examination, two ligatures were found on the brachial artery; one on each side of the wound, and the lower one at the distance of an inch and a half from the bifurcation of the vessel. The arteries above the situation of the ligatures, both the brachial and its branches, were much distended. Those below the ligatures, the end of the brachial, the radial, and the ulnar, though containing injection, were of less than the natural size, especially the last-named artery. This circumstance is doubtless owing to the difficulty of forcing a substance of considerable density through the small anastomosing branches.

The vessels by which the communication was established between the artery above the ligature to those below it were the following:—

In front of the joints the "anastomotica magna" joined the anterior ulnar recurrent by a long slender branch, and on the outer side the "superior profunda" and the radial recurrent were connected in the same way. The branch of communication in the latter case being on the ridge above the outer condyle of the humerus, and behind the attachment of the supinator longus. The branches in the situation of the musculo-spinal nerve were not seen to join.

On the posterior aspect of the limb the branches were of larger size, and they formed a network behind the joint. Behind the inner condyle of the humerus small branches of the "inferior profunda" running along the ulnar nerve, joined with equally small ones, derived from the posterior ulnar recurrent, the "anastomotica magna" crossed the lower end of the humerus, under the triceps muscle, and branching out largely, communicated freely with the superior profunda from above, and with the interosseous recurrent from below.

WOUND OF THE PALM.—SECONDARY HÆMORRHAGE.—LIGATURE OF THE BRACHIAL.

J. C., aged thirty-six, a strong, healthy, labouring man, was admitted June 15, under the care of Mr. Liston, on account of injury to the right hand, produced on the 13th instant, by the explosion of a powder-flask, which appeared to have forcibly torn asunder the palm of the hand. The hand was much scorched and blackened by the injury, the fleshy part of the ball of the thumb being deeply lacerated, and the thumb itself almost thrown upon the forearm. The pain was severe, affecting the whole hand and fore-arm. The bleeding was comparatively slight, and soon ceased altogether. The parts had been replaced by a surgeon, who attended until the patient was admitted into the hospital.

On his admission he was suffering from violent inflammation, which had already commenced in the injured parts. The whole hand, but more particularly over the outer and back part of the thumb, was much swollen, hot, and excessively painful. The inflammation extended along the wrist and lower part of the forearm. A deep laceration existed between the thumb and forefinger, which appeared to extend nearly down to the carpal end of the first metacarpal bone. The wound was blackened and sloughy, with a thin, bloody, and offensive discharge. A little behind this laceration another longer, but more superficial one appeared, which extended from nearly the middle of the palm, round the root of the forefinger, to the dorsum of the hand. Patient's tongue dry and coated; bowels confined.

He was ordered to keep in bed, with the hand and forearm well elevated; water-dressing applied to the wound; the forearm frequently fomented. To have a dose of colocynth and calomel at bedtime, and an aperient draught to-morrow morning.

16. The hand much less painful; swelling and tension greatly reduced; less thirst and fever; bowels well opened.

17. Patient appears much easier.

19. Still doing well; wound discharges abundantly; the sloughs are separating, and granulation has commenced; the thumb will now admit of closer approximation by bandage.

21. Wound much cleaner, though there are still some sloughs at the deeper parts to separate. A lotion of diluted chloride of soda to be applied to the wounds.

23. This evening the house-surgeon, Mr. Potter, was called down on account of hæmorrhage, which had been profuse, probably to the extent of sixteen or eighteen ounces; the patient was pale and faint. The bleeding, which had ceased on his arrival, was apparently arterial, and was described by the patient as coming out in jerks. A graduated compress was placed on the wound, and secured by bandages, applied over the fingers and hand, to as high as the middle of the forearm. The parts to be elevated, and cold water applied frequently to them.

25. No return of hæmorrhage; hand not at all painful.

27. The bandages were found slightly moistened with blood; hand rather painful, and throbbing.

In the evening the house-surgeon was again summoned to him, on account of great pain, which had come on suddenly, and was rather increasing. He described it as of a throbbing, bursting character, and causing the bandages to appear tight. On removing these and the compress no bleeding occurred, but an elastic, rounded, pulsating swelling was detected on the outer aspect of the hand, between the first and second metacarpal bones. There was no redness of the skin over the tumour, although the back of the hand appeared somewhat inflamed. The swelling was elastic and compressible, but on removing the pressure instantly regained its rounded form. Pulsation felt over a space of about one and a half or two inches square, and as evident on lateral pressure. On compressing the radial artery the swelling diminished considerably, and instant relief followed. It was evident that a diffused, false aneurism. of the termination of the radial artery, had occurred.

Mr. Liston having been sent for, arrived at about half-past eight in the evening, and immediately proceeded to put a ligature round the brachial artery, by making an incision over the inner edge of the biceps muscle, about three inches in length. This divided the skin and fascia; the biceps was then drawn to the outer side, and held by a retractor. The median nerve was thus exposed, and the cellular membrane over it having been divided, it was drawn to the inner side by a blunt hook. The vessel was then completely displayed, together with its venæ comites. The artery was now detached from the veins, and from its sheath by a few touches of the point of a scalpel, and a strong silk ligature passed round by an aneurism-needle. When this was tightened the pulsation in the tumour ceased altogether, and the pain was alleviated. The edges of the wound were brought together, and retained by two points of suture and isinglass plaster.

Mr. Liston observed, that this operation was performed on similar principles to those by which secondary hæmorrhage from stumps was arrested, viz., by tying the main artery of the limb, and thus lessening the flow of blood to the part. Experience had shown that it was not necessary in these cases to apply a ligature close above the bleeding point; and it was fortunate that such was the case, because in most instances it would be impossible to decide beforehand what vessel was bleeding, and the attempt to search for it in the middle of indurated tissues, or in cellular membrane gorged with coagulated blood, would be absurd. In the present case no one would attempt to find the bleeding point in the palm, because the tissues would be so much altered by inflammatory action and effused blood, and there would be a mere fistulous track leading to the vessel, which could not be drawn out nor secured. Ligature of the radial artery might succeed in some cases of secondary hæmorrhage from the palm, but it was always a very uncertain remedy, owing to the very free anastomosis of the ulnar artery; and in the present instance the pulsation in the tumour was only partly arrested by pressure on the radial. Ligature of the radial and ulnar arteries was unnecessarily severe, as it made it necessary to make two incisions instead of one, and that, too, without the insurance of perfect success; inasmuch as the interosseous artery would still supply the same quantity of blood. By applying a ligature round the humeral artery, the circulation through all the vessels of the forearm was lessened, and this experience had shown to be quite sufficient assistance to nature in remedying accidents like the present one.

Mr. Liston also remarked, that he looked on this as a point of considerable practical importance in wounds of the superficial palmar arch, &c. He believed in these cases that when the bleeding could not be commanded by methodically-applied pressure, it was much better to tie the brachial artery at once, than to apply a ligature to only one of the vessels of the forearm, with the chance of being obliged to tie the other in a day or two; and even, then, not being safe from future hæmorrhage.

29. No bleeding from the wound in the hand, which has resumed a healthy appearance: the tumour has entirely disappeared. The wound caused by the operation has united in the greater part of its extent. The sutures were removed, and warm-water dressing applied. The circulation in the arteries of the forearm is already restored, the pulsations in the radial being perfectly natural.

July 5. The wound of the hand has made great progress; suppuration very copious. The incision in the upper arm was united by granulation, leaving a small fistulous opening for the ligature.

19. The ligature was pulled away this morning, having been firmly retained until now, probably, by the knot entangled in the granulations. The circle of thread which had embraced the vessel was so small as hardly to admit a pin's-point.

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August 1. The wound in the hand being now firmly united, the patient was discharged.

HOPITAL DE LA CHARITÉ.

MONS. VELPEAU'S CLINICAL LECTURES ON RETENTION OF THE URINE, CAUSED BY DISEASES OF THE PROSTATE GLAND.

No. III.

SWELLING of the prostate is produced by hypertrophy of that gland, and may acquire a considerable degree without any notable projections, either to the side of the urethra or towards the rectum. In this affection, the prostate frequently preserves its primitive form, and may be felt above the anus, having the form of a turnip, more or less flattened in the middle. Sometimes, however, the hypertrophy takes place more to one side, sometimes to any other, rather than in the middle of the organ, and, in like manner, in certain cases, it is more towards this latter part that the hypertrophy occurs. It sometimes also happens that the abnormal development takes place more towards the base of the prostate than otherwise, where the anterior part of the muzzle of the bladder is raised in the form of a nipple. Finally, and this is rather rare, hypertrophy of the prostate takes place, and is isolated in the cavity of the urethra, under the form of a fold—of the crest of a cock—and of a sort of polypus.

The tumours, formed by a deposit of foreign matter in the prostate, differ in certain respects from the hypertrophy of which we have just spoken, in the form they give to the gland. Indeed, these tumours varying almost to infinity in their number as in their volume; situated sometimes close to the mucous membrane of the urethra, sometimes near to the aponeurosis of the prostate, sometimes to the right or the left, to the summit or to the base of that organ; inevitably give no fixed form to the general mass. Further, it is rare that the finger, when introduced into the rectum, does not find certain globula or chestnut-formed enlargements, more or less prominent on one side than the other, or disseminated in an unequal manner on the anterior surface of the intestine. These globular fibrous tumours of the prostate are very frequently found near the neck of the bladder, and in certain cases alter the course of the prostatic portion of the urethra, in a very marked manner. It is to this class of tumours that the principal part of the pediculated masses belong, which obstruct the entrance of the urethra. The same, as in cases of hypertrophy, these tumours, viewed from the cavity of the urethra, are frequently seen either to the right or to the left, and do not exist invariably behind, as Sir E. Home believed.

In whatever manner we regard these swellings of the prostate, whether we attribute them all to hypertrophy, or we admit the distinction just established, their development always takes place with great slowness, and in general no malignant degenerations are the result. Numerous fungoid and similar tumours occur, without doubt, in the prostate as in other parts, but they are formations of another order, and ought not to be considered as depending upon, or as one of the periods of transformation of these swellings of which we are speaking. Engorgements of the prostate are not in themselves the seat of any pain; and very rarely would they shorten life, if it were not that most frequently they embarrass, in a mechanical manner, an important function.

Without doubt, some of these tumours mentioned, may finally produce irritation, and even inflammation,—may become softened and transformed into a kind of abscess, or fistulous sac, either to the side of the rectum or towards the urinary apparatus. But in general the disease does not run its course. The tissue of the tumour is generally as firm as elastic, of exactly the same fibrous appearance after twenty years of existence as after some months; and there are only a few examples of the decomposition of these tumours, proved by the examination of the bodies of old men, who had suffered for a long time from engorgement of the prostate.

These remarks, however, ought only to be partially applied to the tumours of the interior of the urethra. In this situation, it is not only the tissue of the prostate, or the fibrous bodies formed in the parenchyma of that gland, which constitute the projections so frequently observed; but there are others which depend on an alteration of the mucous membrane, or of the cellulo-fibrous, or fibro-muscular tissue beneath it. These tumours offer many varieties. I have seen, between the membranous and prostatic portions of the urethra, a sort of fold, thin, yet firm, which in two cases presented its concavity in front, and in one behind. In these three cases, this fold appeared to depend upon an original formation of the part, and not to constitute a disease. However, it is easy to conceive that by hypertrophy, or any other degeneration, the mucous membrane might there form a valve, which might totally prevent all attempts to introduce the catheter in the two first cases, and constitute an obstacle to the flow of the urine in the third.

Frequently these folds in the prostatic portion of the urethra are constituted by a verumontanum hypertroph ied, degenerated and diseased in whatever manner. The tumour in this case generally has the form of a cock's-comb, sometimes fungoid and bleeding, sometimes firm, and more or less rounded. I have seen some cases where it was enlarged, in the form of a mushroom; pedunculated at the base, in the manner of a longitudinal fold. Nevertheless, these tumours most frequently form at the extremity of the urethra, under the form of transversal projections. Indeed, it is at this point, that is at the junction of the point of the triangle of the bladder with the urethra, that the fibro-muscular and mucous tissue of the bladder is most intimately merged before separating into layers to envelope the prostate. It is also here that the ancient anatomists, and some of the modern, have thought that a species of pylorus or uvula existed. Well, when this valvular appearance, called pyloric, takes on a morbid development, or increase of size, we have as a result a concave border in front, from a point which appears to divide it in two at the posterior border, and which is seen, in some sort, under the form of two half moons, divided by the uvula of the bladder or the verumontanum, and of which the concave border looks anteriorly; if it is the uvula, that is to say, the column which is enlarged, we have tumours—either fungous or fibro-mucous, in the form of a longitudinal cock's crest, or a mushroom more or less swollen, sometimes pyriform at the entrance of the urethra from the side of the bladder.

These urethral excrescences being exposed to contusions, to scratchings, to various irritations, in the introduction of the catheter, and to the incessant action of the immediate contact of the urine, are not long in causing a mechanical impediment to the functions of the part; they are also exposed to hæmorrhages. When ulcerated, they become the seat of pains, of smartings, sometimes excessively severe, either during the intervals, or at the moment of the emission of urine. We can also conceive that they may degenerate and be transformed into ulcerated fungoid tumours of whatever nature, and finally produce true ulcers of a malignant character, capable of themselves to produce the death of the patient. But it is not precisely under this point of view that we would here study these tumours of the prostate; we have only proposed to examine them in their relations with the functions of the bladder and of the urethra.

In a symptomalogical point of view, it appears to me useful to establish two classes of tumours of the prostate; one comprehending the tumours of the prostate, whether from a deposition of abnormal matter or from hypertrophy; the other embracing all these tumours which project into the cavity of the urethra. The first series may exist for a longer or shorter period without the patient having any idea of them. Nothing, in the first place, announces their presence, except a little less degree of force in the jet of the urine; a less complete expulsion of the last portions of this liquid out of the bladder, or a slight degree of slowness in the escape of the first jet of urine which passes from the urethra. Afterwards, the sensation of weight towards the perinæum or anus, the slight feeling of a foreign body in this region, and the greater difficulty in passing the fæces, are added to the first symptoms. Later, the sensation of weight and the constipation augment; a few drops escape sometimes involuntarily; then, by intervals, the expulsion of the liquid appears to resist the voluntary action of the patient. Finally, more or less complete suppression of the urine takes place, followed by retention, and paralysis of the bladder; that is to say, retention of the urine with a certain degree of incontinence. All this, however, takes place without any real pain, any fever, any true reaction, or any manifest derangement of the principal functions of the economy.

The symptoms we have just mentioned admit of explanation with extreme facility:—the prostate, larger than usual, necessarily irritates a little the surrounding tissues; hence, the feeling of weight towards the perinæum, and the idea of a foreign body, of which some patients complain. Attached below, this gland cannot rise towards the pubis without bending the urethra in the same direction, and it is evident from this that the urine will enter the urethra with less facility, or be propelled with less in this canal, and that the bladder will be emptied in the first place less completely than usual. At a later period, the gland, acquiring a larger volume, raises more and more the posterior border of the prostate, which corresponds with the summit of the triangle of the bladder, and the plane of the triangle, which was parallel to the inferior surface of the urethra, finishes by reaching the plane of the superior surface of that canal, so as to prevent the passage of the urine, which the bladder vainly attempts to expel; from this cause then is the retention of the urine, the inertia or paralysis of the bladder, and sometimes the involuntary flow of this liquid, or the escape by engorgement.

The tumours purely urethral produce a greater variety of symptoms. The simple cock's crest, the longitudinal folds, or the vegetations of a moderate volume, never produce retention of urine; but they sometimes occasion a sanguineous discharge, which might be mistaken for a disease of the bladder itself. Frequently there results a smarting, accompanied with frequent desire to void the urine. Frequently also the patients feel excessively quick pains in the region affected, similar to those produced by a burn.

If these tumours acquire an increase of volume, we easily understand that they will finish by obstructing the urethra, and causing dyrusia, strangury, and complete retention. As the tumour, which here acts, so to say, as a cork, is frequently in front of the neck of the bladder, the patient, at first, passes a few drops of urine, then is unable to expel it further, and frequently a drippling again reappears after the cessation of the efforts to void it.

Whatever may be the nature of the tumour, if it exists at the summit of the triang e of the bladder, or quite at the root of the urethra, it increases most particularly to the side of the bladder, and truly represents, in this case, the part of a bung. After having embarrassed, more or less, the flow of urine, it causes a retention so complete, that the patients make increased efforts to evacuate the urine. There is not in any of these cases—that is to say, when the tumours are purely urethral, a well-marked feeling of weight in the perinæum, or difficulty in voiding the fæces.

To distinguish well these two orders of tumours we have just examined; that is to say, those constituted by an abnormal development of the prostate and those purely urethral, we possess likewise the resource of direct exploration. Indeed the finger introduced into the rectum to a certain depth, readily allows us to perceive whether the prostate is enlarged or not. If this gland does not present a real abnormal increase in volume, and the course of the urine is embarrassed, as we have just mentioned, it is that there exists some pathological projection in the urethra. Supposing that a very sensible enlargement is recognised, we know that it will cause of itself the symptoms complained of, when a large sound, curved in the form of an arc of a circle to one-third of its extent, penetrates into the bladder without encountering any obstacle, without causing any pain, and without producing any hæmorrhage.

If, on the contrary, a large sound enters less easily than one of a moderate size; if, on arriving beneath the pubis, the instrument causes a flow of blood more or less abundant; if, before entering the bladder, the sound appears to rise over a fold; if, arrived in the prostatic region, the point of the instrument requires to be deviated either to the right or to the left, in order to enter the bladder; if, moreover, a sound, with a very short curve, be introduced into the blad-

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der, and again withdrawn in the form of a lateral hook, is stopped at a greater distance on one side than another; we have here as many reasons which authorise us to conclude, that there exists in the prostatic region of the urethra, or at the neck of the bladder, an enlargement in the form of a cock's-comb, or a fold, or a pedunculated tumour as the cause of the impediment in the performance of the function of the urinary apparatus felt by the patient.

ST. GEORGE'S HOSPITAL.

MORTIFICATION OF THE HAND FROM AN EXTENSIVE LACERATION OF THE FOREARM.

Thomas Bachelor, aged 13, admitted July 2nd, under the care of Mr. Keate, with an extensive laceration of the right forearm, occasioned by inadvertently catching his hand in the cogs of a wheel. A great deal of blood escaped from the wound previously to his entering the hospital. Upon examining the part, the muscles in front of the arm were found to be completely exposed, a wound extending from the wrist some way up, and other scratches at the back part of the arm. The temperature of the hand, which was swollen, had greatly fallen, and he complained of numbness in the fingers with diminished sensibility. The edges of the wound were approximated by means of a bandage over some wetted lint, and a bladder of ice was kept over the part to restrain hæmorrhage.

3. Slept well; scarcely any pain in the wound; no hæmorrhage had taken place from it. The dressings and bandages were left undisturbed.

4. Rather restless during the night; tongue furred; pulse somewhat excited; all sensation in the fingers completely gone.

From July 5th to the 14th, the poor lad suffered much constitutional disturbance, the arm was extremely painful, and the wound suppurated freely. A line of demarcation finally set up about two inches from the wrist; the hand mortified, and from the heat of the weather quickly decomposed. On July 15th, he was brought into the operating theatre; Mr. Keate made a circular incision at the line through the skin and fascia; dissected these back; then divided the muscles with one sweep of the catlin to the bone; these he retracted with his left hand. He now divided the interosseous ligament with the point of his knife and sawed through the bones; three vessels only required ligature. Wetted lint was placed over the stump, and secured by a roller, and the patient removed to bed, the arm being kept slightly elevated with a pillow. Since this time the stump has been rapidly healing, the lad requiring some support, and occasionally small doses of calomel followed by a senna draught. Upon dissection, the joint was found to be exposed, and a probe could be readily passed into it; no fracture of either bone could be discovered. The arteries, when traced out of the mass of putridity, were found to be so diminished in calibre, as to be inadequate to afford sufficient blood to pass through them for the supply of the limb.

MORTIFICATION FROM BURN.

Dennis Sullivan, aged 49, admitted July 21st, under the care of Mr. Walker, with an extensive burn of the right arm, extending from the wrist to within about four inches of the shoulder-joint. The hand was greatly swollen, cold, and insensible; the skin of the forearm was without vesicles, of various colours, resembling the appearance seen in dry gangrene. In one part the muscles protruded through the skin, which had sloughed away; where the burn terminated a distinct line of demarcation had commenced, which encircled the arm; the part immediately above the line was of a bright red colour, swollen and extremely sensible. Independently of this extensive injury, the patient had a large eschar of a dark brown appearance without vesication on his right side. The accident occurred from a spark having fallen upon the sleeve of his coat, which smouldered without kindling into a blaze; he was unable to divest himself of his coat, when he discovered it was on fire, before the mischief had been effected. Although three days had elapsed since the occurrence, nothing had been done for him. His arm was ordered to be constantly fomented. At six, P.M., Mr. Walker visited the patient, and made several incisions to relieve the tension of the forearm, which was quite cold; the scarifications did not cause the slightest pain; bloody serum escaped; the patient's pulse was weak and fluttering; the whole surface cold, and he was evidently suffering from low febrile symptoms. The arm was placed upon a pillow, and covered with a warm poultice. Bark and the liquor ammoniæ acetatis were administered with some porter.

22. He complained of some pain in the forearm; the line of demarcation more fully established; tongue clean; bowels open; pulse stronger. A poultice of beer-grounds was applied; the parts rapidly decomposing.

23. The arm, forearm, and hand are in a most putrid state; the stench had caused him to complain of headache; the part above the line of demarcation more swollen, and somewhat œdematous. Amputation was now proposed to him, but he obstinately refused to have the limb removed, and declared he would die with it on; in the evening, however, his priest made him consent.

Eight, P.M. The patient was seated on a chair; Mr. Walker having compressed the subclavian, made a circular incision just below the insertion of the deltoid through the skin and integuments. One set of muscles were then divided and retracted, and with another sweep the bone was exposed; the muscles were dissected off the bone for a short distance, and this was sawn through. A large quantity of serum escaped after the first incision from the congested cellular tissue. Scarcely any blood escaped during the operation, but the stump continued to bleed some little time after the principal arteries were secured, apparently from the veins. Water-dressing was applied to the stump.

On examining the limb, the muscles and cellular tissue crackled under the fingers from emphysema; the annular ligament was extremely tense, and appeared sunken from the swelling of the hand below and the muscles above it. The nails and cuticle separated from the hand like a glove. On exposing the brachial artery, it was found to be completely pervious to within an inch of the elbow; from this point down to the wrist, it, together with the radial and ulnar arteries, was choked up by a coagulum of dark-coloured blood. From the obstruction, then, of the artery by this clot, it was that the hand was deprived of life. Mr. Walker observed after, "that the operation would have been performed earlier had the patient's health permitted, as the line between the sound and unhealthy structures had been fully established. But when we considered the state of his constitution, the feeble and unequal action of the heart, and the typhoid tongue, we deemed it requisite to give them support, and to restore the powers of the constitution before proceeding to the removal of the limb. It would not have done to leave the separation to nature, and to have assisted her by sawing through the bone, inasmuch as the time required for this purpose would have exhausted the already feeble strength of the patient. Taking all things into consideration, the age, strength, the shock of the operation, together with what he has already gone through, I am afraid the patient will not survive, still it would not have been right to have left the limb on."

24. He did not sleep well, although the limb felt very easy; pulse 90, of good strength; tongue moist, without any fur upon it; a slight hæmorrhage took place early in the morning. A bladder of ice was kept near the stump so as to preserve an atmosphere of cold.

25. Pulse soft and equable; tongue clean; bowels open; doing extremely well.

31. The stump has been regularly dressed, and is looking in excellent condition; the patient's health is improved, and there is every chance of his perfect recovery.

TREATMENT OF URINARY FISTULÆ.

By M. Ricord.

At the meeting of the Académie de Médecine on the 20th of April, M. Ricord presented a patient whom he had cured of a urethral fistula, situated at the inferior part of the penis, by means of an opening made into the membranous portion of the urethra, through which he introduced a catheter into the bladder. This catheter he allowed to remain; and when the urine had ceased to flow through the primary fistula (which was not till after two months had elapsed), M. Ricord revivified its edges, and then united them with sutures. When the union was completed, the urine again took its normal course, and the opening made in the perineum soon after cicatrised.—*L'Expérience*, April 22, 1841.

SIDE-SLIP FOR QUACK'S CORNER.—NO. X.

"He starves at home; or practises, through fear of starving,
Acts which damn all conscience here."
Anon.

"The strolling tribe, a despicable race,
Like wandering rats shift from place to place."
Anon.

AURISTS.

The only men who have added anything in reality to our knowledge of the principal and secondary affections of the ear, after all has been said and done, have not been those drivelling quacks and blockheads, the PURE AURISTS, but anatomical and pathological physicians, SURGEONS, PURES or GENERALS, consulters or prescribers, or physic-dispensers. Among the *contributors* to this knowledge, we find the names of Saunders foremost in this country, and the late M. Itard, and M. Lallemand, and M. Beleau, in France, both Aurists, and highly honourable, highly qualified, and superior men in all respects. Bell, Astley Paston Cooper, Earle, Syme, but particularly Parry, of Bath, and Abercrombie, of Edinburgh, both pathologists, have contributed much useful information to our previously-scanty means, and trifling insight into the knowledge of the causes of profound and latent disease of the EAR. On the Continent, but particularly in Germany, matters have stood just the same. But in England, the PURE AURISTS have been a charlatan crew of low ASTUTES, to use the epithet of Cicero, and contemptible medicasters—a term which implies a superficial and shallow dabbler in the arts of medicine and surgery. We need scarcely mention the names of Grapenguisser and Ritter, as two eminent names on the Continent, in connection with the subject of sounds and noises in the ear, inflammation of the ear, &c. Dr. John Burne, M.D., physician to the Carey-street dispensary, in *Forbes's Medical Cyclopædia*, says the profession was in a deplorable state of ignorance respecting this organ—an ignorance which was lamented by every author who has taken up or happened to allude to the subject, until the appearance of our late personal acquaintance, M. Itard, Physician to the Royal DEAF and DUMB INSTITUTION, Paris. Dr. Burne, in almost the very same words as we ourselves uttered in *The Lancet*, in a series of communications on deafness, in 1831, very pertinently says:—"[The *situation* of the organ very deeply in the skull, the *intricacy* of its central structure, the *minuteness* of its various parts, added to the *difficulty of tracing them* in their *bony* case, and the supposed *obscure* and *unmanageable* nature of its diseases, have all contributed to deter professional men from bestowing their attention, as well upon the anatomy as upon the pathology of the ear; and the consequence is a deplorable want of knowledge on this subject." True, O, King! our stated conclusions to patients with diseases of the ear have been always the same. Whenever the question is raised by the patient, these are the proper points in reply for the honourable practiser to impress and enforce on the minds of his ear-patients. "The DEAF," as *The Lancet* candidly and honestly said, "make BAD PATIENTS." They do very little credit to their own common sense, who apply to Aurists, and gape for ear-cures in a quarter where they cannot be

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performed. Indeed, we always say, in our quaint way, "one man can see, in respect to the difficulties of the ear, as far into the heart of a millstone as another, and no farther." The English Aurists, as Dr. Burne intimates, have paid no attention to M. Itard's first development of the true anatomy and physiology of the ear; and as science and knowledge do not suit the designs and interests of quackery, they know nothing at all.

What every rational individual says must be true! The French are also with us. M. Roche, whose original talent in the article on tubercular consumption in the "Dictionnaire de Médecine," we shall have occasion to notice in our Twenty-years' Minute Observations on Phthsis Pulmonalis, now ready for publication, thinks with ourselves, that Aurists are supererogations and highly-educated practisers of physic and surgery the best constitutional and local ear-doctors. M. Roche, in his article on "La Surdité," remarks:—"That deafness is more generally a symptom of *other* disease, than a *separate* and *distinct* disease of itself.

The *fort esprit* of Mons. L. Ch. Roche, lies in therapeutics, and we shall return to him when we speak of treatment, and its decisive statistical results in facts and figures. Admitting M. Roche's corroboration of Dr. Copeland's and our own opinions to be true, for the mere sake of argument, how can it be any longer maintained that a voluntary exclusive practiser and subdivisionist, like an AURIST-MAN, unacquainted with the original and combined disease, can be thought a proper person to deal with deafness. Why, his self-assumed title manifests to all the world, that he knows *something* of the ear and nothing else!

CLINICAL LECTURE,

Delivered at University College Hospital.

BY SAMUEL COOPER, ESQ.,

Senior Surgeon to the Hospital, &c.

GENTLEMEN,—I invite your attention to two examples of injury of the elbow at present in the hospital; one, attended with circumstances perhaps absolutely preventive of a complete cure; the other, generally sure to have a favourable termination under proper treatment.

CASE I.—*Dislocation of the Ulna from the Humerus upwards and outwards, with Fracture or Separation of the Coronoid Process. The Case of three months' standing. Division of the Tendon of the Triceps.*

Lucy Clayton, æt. 14, admitted March 16, 1841. Last Christmas-day she slipped and fell down on the ice, and hurt her elbow, though her hand first came against the ice, in the attempt which she had made to save herself from harm. Directly after the accident she was unable to bend the arm, which was fixed almost in the extended position. At the same time, a good deal of pain was complained of in the shoulder, and the forearm was benumbed. The elbow, which was much deformed, soon swelled considerably. Five hours after the accident, a surgeon, who saw the case, pronounced it to be a dislocation, and after making extension and counter-extension, he applied a lotion of vinegar and water.

On her admission into this hospital, about twelve weeks after the occurrence, the joint presented a very deformed appearance, and its mobility was but slight. The inner condyle made a remarkable prominence, between which and the displaced ulna, an unusual depression was perceptible. The radius rotated freely. The point of the olecranon, which projected upwards and backwards, was about half an inch further from the inner condyle than the corresponding point of bone in the other arm was from the same part of the humerus in that limb. Whenever an attempt was made to bend the arm, the triceps was rendered exceedingly tense. In front, a firm substance, which could be moved about, was felt; and concluded to be the coronoid process detached from the rest of the ulna.

March 18.—Attempt made to bring the ulna into a better position. After extension and counter-extension had been maintained for some time, I forcibly bent the arm over my knee. Mr. Quain then repeated the same proceedings, with the view of bringing the ulna into its proper position, and immediately afterwards the girl was able to put her hand up to her forehead, which she had not been able to do since the accident. This amendment, however, did not continue in the degree here described. Hence, for several weeks, a mechanical apparatus has been employed for the purpose of maintaining and gradually increasing the flexion of the elbow. Together with the use of this instrument, we have now begun to combine the exercise of passive motion for a certain time almost every day. At present the girl undoubtedly has more use of her arm than when she was first admitted; yet, her own power of bending the elbow, it must be confessed, is very limited, and, if passive motion of it were not still rigorously followed up for some time, I should be apprehensive of an anchylosis between the ulna and the humerus.

When the ulna is displaced backwards, and the coronoid process is broken off, or detached in a young subject from the rest of the bone, you know perfectly well that the maintenance of the reduction is much more difficult than when no such complication exists.

In Sir Astley Cooper's work on Dislocations, I find the following observations under the head of Fracture of the Coronoid Process of the Ulna; and they are interesting in relation to the accident now engaging our attention. A gentleman, after falling upon his hand, found himself unable to bend the elbow; nor could he entirely straighten it. The same things happened in Lucy Clayton.

"He applied to his surgeon, who, upon examination, found that the ulna projected considerably backwards; but that, as soon as he bent the arm, it resumed its natural form. He immediately confined the limb in a splint, and kept it in a sling." When Sir Astley Cooper saw this patient in town, several months had elapsed since the accident; yet the same appearances, which the surgeon described as presenting themselves when he first saw the injury, still remained: namely, the ulna projected backwards whilst the arm was extended; but it could be drawn forwards and bent, without much difficulty, and the deformity was then removed.

Sir Astley Cooper had been for some years accustomed to mention this case in his lectures, when a subject was brought to the dissecting room, who had met with the same accident. The coronoid process, which had been broken off within the joint, had united only by ligament, so as to move readily upon the ulna, and thus the sigmoid cavity was so altered, that in extension the ulna glided backwards on the humerus. Sir Astley Cooper doubted whether any treatment of such an accident would perfectly succeed, because the coronoid process does not admit of bony union. He recommended, however, the arm to be kept steadily in the bent position for three weeks after the injury, so as to render the ligamentous union as short as possible.

As in our case, the triceps was remarked to become exceedingly tense, whenever an attempt was made to bend the arm, Mr. Quain decided to try what benefit would result from dividing the tendon of that muscle, which operation was performed about three weeks before the girl left the hospital, during most of which time the instrument was also worn a part of the day for the purpose of keeping the limb bent. This treatment was certainly productive of some good, though the power of bending the elbow is yet very limited. She has been directed to continue the use of the splint for some hours every day, in order gradually to increase the flexion of the limb by means of the screw; and to let the joint be bent and extended by other persons for twenty minutes or half an hour daily, when the instrument is not on the limb. I think that, in this manner, she will ultimately have a good use of the arm.

CASE II.—*Fracture of the Internal Condyle of the Humerus.*

Robert Fisher, æt. 12, admitted March 25th. In running across the street, his foot touched the curb-stone, and he fell with his elbow against the pavement.

On his arrival at the hospital the elbow was found to be exceedingly painful and much swollen—flexion and extension could be performed, but not without severe pain. The olecranon did not project backwards more than natural. Pronation and supination could be performed without assistance; and scarcely any deformity was observable except the swelling. On making pressure on the internal condyle, a crepitus was felt. This process was drawn downwards, and was not on the same level with the external condyle. The styloid processes of the radius and ulna bore their normal relative position to each other.

Fomentations were at first applied.

29th.—The swelling and pain are diminished; but considerable ecchymosis is seen.

31st.—The ecchymosis yet continues; pain is felt in the hand, and in the ring and little finger, especially when the arm is extended.

April 1st.—This pain is yet experienced. Two lateral angular splints have been applied to the limb, which is kept bent at right angles.

10th.—Splints taken off and reapplied. Fractured condyle in good position. The swelling and ecchymosis have subsided. Flexion of the arm causes pain.

22nd.—Less pain felt on moving the joint. Still some pain in the hand, the ring, and little finger.

May 4th.—Splints readjusted. Patient discharged.

The particulars of this case make us acquainted with one symptom of a fracture of the inner condyle, which, though from anatomical considerations it might be expected generally to attend such an accident, has not, I believe, been noticed by surgical writers. I allude to the pain felt by the patient in the ring and little fingers, and in the palm of the hand, evidently arising from dilatation or disturbance of that part of the ulnar nerve which lies between the olecranon and internal condyle. You know that when a nerve is irritated, or disturbed in its course, the principal pain is usually felt in the ultimate divisions of it. Thus, in a case of popliteal aneurism, the pressure of the tumour on the popliteal nerve usually causes the greatest degree of pain in the parts to which the external and internal plantar nerves are distributed; and in a fracture of the inner condyle of the humerus, if the displacement of the fragment irritated or disturbed the trunk of the ulnar nerve behind it, the pain would be chiefly experienced in the ring and little fingers, and in the palm, where its deeper branch is distributed to some of the smaller muscles of the hand.

From these accidents I will proceed to notice two cases of a different nature.

CASE III.—*Syphilitic Iritis.*

About two years ago, William Tomset, aged 22, the subject of this disease, contracted some venereal complaints, which were treated with mercury. From the report it seems that, in 1839, he had a chancre and warts. The chancre was followed in about a fortnight by a bubo in the right groin, and, after this had been cured, another swelling formed in the left groin. The patient was in the Lock Hospital seven weeks, and when he left it, all his complaints had yielded to mercury, with the exception of the warts, which grew again after having been cut off.

He was attended at University College Hospital first as an out-patient for a glandular enlargement, and an abscess under the lower jaw, from which a table-spoonful of matter had been discharged by puncture. The part was then poulticed, and the iodide of potassium prescribed.

This complaint was shortly afterwards followed by an attack of iritis, for which he was admitted into the hospital.

At this period the pink vessels of iritis, always observable in the early stage, were perceived running forwards in the sclerotic coat, parallel to each other, and also enlarged vessels in the conjunctiva, containing blood of a darker colour, and presenting a reticulated arrangement. The red zone, one of the most prominent symptoms of iritis, was conspicuous, around the margin of the cornea. The pupil was somewhat contracted, irregular, and drawn towards the inner canthus. The iris was moveable, but chiefly at its upper portion. Fibrine of a brown colour was seen deposited in irregular masses on the lower part of the iris, which had become deprived of its natural colour and brilliancy. The patient was experiencing deep-seated throbbing pain in the eye

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and around the orbit, which was particularly severe in the night. The patient betrayed great intolerance of light. Two small opaque specks on the cornea were noticed—the effect of inflammation of the eye in his infancy from small-pox. On the penis no sore was perceptible; merely a few warts behind the corona glandis.

The pulse did not exceed 64; the skin was dry; tongue rather furred; patient thirsty, but his appetite good.

March 25th.—The treatment was commenced with the application of leeches to the right temple; the exhibition of three grains of calomel and half a grain of Pulv. Opii every four hours; and the application of the moistened extract of belladonna to the integuments of the temple, eyebrow, and eyelids.

26th.—The calomel pills and the belladonna were continued, with a draught of the Liq. Ammon. Acet. ʒij., Aq ʒij. et Antim. Potassio-tartratis gr. ¼, tertia quaque hora.

27th.—Still a good deal of conjunctival and sclerotic inflammation: the red rone around the cornea has not disappeared; the pupil is very irregular, but the angular deformity of it is diminished; the margin of the iris is thick: the deposition of fibrine, however, is not increased. 'Intolerance of light greater, and the nocturnal pain in the eye and around the orbit, and at the back of the head, is worse, sleep being entirely prevented by its nightly exacerbations. The mixture causes sickness and purging; the gums are very sore; the skin rather dry; the pulse 80, and sharp; the tongue furred.

Belladonna applied again. C. C. tempori dextro ad ʒx. Mixture, pills, and lotion, continued.

28th.—The following points of improvement may now be remarked:—Intolerance of light less; objects more plainly discerned; circumorbital and occipital pain quite gone; pain in the eye itself felt only when the light first strikes it.

Tongue foul; bowels open; pulse 88, compressible; mixture no longer produces sickness; gums very sore.

Pills to be discontinued, and mouth washed with the alum and myrrh gargle. Mixture and Belladonna to be continued.

29th.—Cornea clearer. The deposition of fibrine not increased. The iris becoming more of its natural colour. The angular deformity has quite disappeared. The pupil is contractile, especially at the upper part. Pain less; though the conjunctiva and sclerotica are still far from being free from inflammation; pulse 96.

Mixture, gargle, and lotion, continued; *Belladonna* to be re-applied.

30th.—Vast improvement; scarcely any intolerance of light; vessels less injected; the iris assuming its natural colour; vision clearer; pupil obedient to the light. The red zone of vessels around the cornea still perceptible; tongue covered with a yellow fur; pulse 92; some nausea, and pain in the epigastrium, occasioned by the mixture, which was therefore omitted.

Hydrarg. c. Creta, gr. v. o. n. *Belladonna* to be re-applied, and the lotion and gargle used.

31st.—Red zone around the cornea is of a paler colour, and some of the fibrine on the margin of the iris has been absorbed. The remaining portion of it, when examined with a pocket lens, appears vascular. A little pain felt in the right temple; but none in the eye. Vision improved, and inflammation abated. Some tenderness in the epigastrium. Pulse 88, and soft. Same means continued.

April 1st.—Circumorbital pain quite gone. Still a little intolerance of light. Red zone disappearing. Inflammation of conjunctiva and sclerotica diminished. Bowels confined. Gums very sore. Pulse 100.

Dose of *Senna Mixture* prescribed. Powder, lotion, gargle, and *Belladonna* continued.

2d.—Effused fibrine nearly all absorbed. No intolerance of light. No pain in the eye, nor around the orbit. Bowels have been freely opened. Pulse 88, soft.

Same plan continued.

3rd.—The pupil greatly dilated by the belladonna, and its margin irregular. Vision yet imperfect. Pulse 68. Bowels open.

Belladonna discontinued.

4th.—Pupil still dilated. Vision much improved.

5th.—Gradual amendment. Gums yet very sore. Pulv. Hydr. c. Certa gr. ijss., instead of v., o. n. Pulse 96.

6th.—Patient much better. Still some discolouration at inner margin of the iris; some redness of the conjunctiva; and a degree of pain around the orbit, especially at night. Slight aversion to the light yet experienced. Gums less sore; tongue very foul; bowels open; pulse compressible.

7th.—Pinkish tinge in the conjunctiva yet manifest; the iris irregularly contractile; some pain in the right temple and back of the head at night; bowels open; pulse rather full.

8th.—On account of the irregularity of the iris, the belladonna was re-applied.

Powders and gargle continued.

14th.—By this time the irregularity of the iris was lessened. No pain in temple and back of the head. No intolerance of light. Some indistinctness of vision. Gums not sore. Tongue clean. Pulse 92.

Belladonna used.

15th.—Sight less clear to-day; gums rather sore; bowels open.

Eye bathed with warm water; belladonna not employed.

16th.—Iris yet irregular; bowels confined; house medicine prescribed; powder and gargle continued. Eye weak. Vinum Opii to be dropped into the eye.

17th.—Great improvement; sight better; no pain.

22d.—Slight circumorbital pain last night; iris a little irregular, but now contracts at its lower part; sight much clearer.

Vinum Opii to be continued.

24th—Vinum Opii used again.

℞ Potassii Iodid. gr. iss.; Aq. ʒj.; ter die sumend.

26th.—Iris now moves under the influence of the light; bowels open; tongue clean.

Vinum Opii and Iodide of Potassium continued.

May 1st.—Pupil dilated from the effect of belladonna.

Vinum Opii used.

When I saw this patient last week, his eye was well; papular eruption had come out, but was dying away.

This case is full of instruction, being one of the best instances of a syphilitic iritis that has occurred in this hospital since its first establishment.

You know that an iritis is concluded to be venereal partly from the history of the case, and partly from the peculiar appearance of the iris and pupil.

Here the history informs us, that the patient, previously to the attack of the iritis, had been under treatment for different syphilitic complaints, especially chancre and bubo, for which mercury had been used. Then, just as the iritis was being cured, a papular eruption came out; one of the secondary symptoms of syphilis.

The iritis then was preceded and accompanied with other venereal symptoms; a fact sufficient to justify the suspicion of the connexion of this affection of the eye with syphilis.

The suspicion may next be said to have been freed from all doubt, by the special appearances of the eye itself, particularly by the formation of masses of fibrine in the shape of brownish or reddish-brown tubercles upon the iris; and by a tinge of the same hue about the pupillary margin of the iris. The inclination also of the pupil towards the inner commissure of the eye, or bridge of the nose—a circumstance much dwelt upon by Beer and others, as peculiar to syphilitic iritis—was exemplified in this patient. You must not, however, always expect to meet with it; and a case may be a syphilitic iritis without it. When it does occur, it tends, with other symptoms and the history, to throw light on the nature of the disease.

The particulars recorded of our patient furnish a good description of the symptoms of the venereal iritis in general, viz., the thickened state of the iris, the irregularity of its pupillary margin, the severity of the nocturnal exacerbations of pain in the eye, around the orbit, and at the occiput.

The case also shows the possibility by effectual treatment of dispersing the effused fibrine, even after vessels had been discerned in it with a magnifying glass. The whole tenor of the case shows the long tendency of the complaint to relapse, and the obstinate weakness of the eye consequent to it. It further proves the decided efficacy of a combination of antiphlogistic means with mercury and belladonna; the power of mercury in dispersing the effused fibrine, or the reddish-brown tubercles of lymph; and the usefulness of belladonna in keeping the pupil dilated, and the iris away from the capsule of the lens.

Case IV.—*Wound of the Brachial Artery. Apoplexy.*

Matthew West, æt. 49; admitted under Mr. Quain, April 8, 1841.

On returning home this morning, he was seen leaning against a lamp-post, and was unable to answer any questions; but, from papers in his pocket, the place of his residence was ascertained, and he was conveyed home in a cab.

A surgeon was sent for, who attempted first to bleed him in the cephalic vein, and then in the median basilic, in doing which the brachial artery was penetrated. A tourniquet was applied, and the patient brought to the hospital. In consultation with Mr. Quain, it was decided, that, as the opening in the artery was large, and the limb paralytic, it would be better in this case not to try pressure, but to tie the wounded part of the artery without delay. While pressure was made on the artery in the middle of the arm by an assistant, Mr. Quain, therefore, enlarged the wound upwards and downwards, and outwards. The fascia sent off from the tendon of the biceps having then been divided, the wound in the artery was exposed, and a ligature applied above and below it.

The wound was then covered with the water dressing, and the patient put to bed.

He had lost about lbjss. or lbij. of blood from the accident.

April 13th.—Died this evening, five days after the apoplectic attack and the operation. The particulars of the case from the period of the operation until that of the fatal termination are interesting, but, as not bearing upon surgery, I now omit them. Still I recommend the perusal of them to you, as they are recorded in the hospital book.

Some of the post-mortem appearances, however, I will notice.

Head.—On opening the dura mater about ʒij. of serous fluid escaped. The arachnoid membrane was much thickened, opaque, and studded with numerous little tubercles of lymph, over the superior part of the hemispheres.

Under the arachnoid membrane there was also a copious effusion of serum. The arachnoid and the pia mater between the hemispheres were more vascular than natural.

In the right ventricle bloody serum was observed. In the left, a large coagulum was found occupying all the surface of the thalamus opticus and corpus striatum, which parts were dissolved into a soft bloody pulpy mass.

The arteries at the base of the brain were thickened, but not ossified.

The chief points of instruction afforded by this case relate—

1st, To the necessity of using great caution whenever you attempt to bleed in the median basilic vein, because, if the patient be in a fit at the time, drunk, or from any cause disposed to throw his arm about suddenly and violently, the artery will be endangered. I should say then, that, in such circumstance, prefer the median cephalic vein; but if you cannot get blood from it, let the patient's arm be well fixed at all events, feel for the pulsation of the artery, and make the opening in a part of the median basilic vein not immediately over it. The great Dupuytren had seen so many accidents arise from bleeding in the median basilic vein, that, as his lectures will convince, he had a kind of timidity about bleeding in this vessel. With the precautions which I have offered, however, it may be performed with sufficient safety.

2dly, This case should impress upon your memories the expediency and correctness of the great practical rule applicable to a recently wounded arterial trunk requiring to be tied; namely, always to expose, if possible, by an operation, the wounded portion of the artery, and to apply one ligature above and another below the orifice in the vessel. Thus all risk of hæmorrhage from the freedom of the anastomosis is prevented.

3dly.—If our reasoning and management of this

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case were right, you should prefer the ligature to compression, when the artery has been extensively opened, and the limb paralytic; because the first circumstance would make the healing of the arterial wound less likely to succeed; and the second would render the limb less able to bear compression, without being followed by gangrene.

TO CORRESPONDENTS.

BOOKS FOR REVIEW.

THE GRAVEYARDS OF LONDON. *By* GEORGE ALFRED WALKER, Esq., *Surgeon, Author of "Gatherings from Graveyards." Pp.* 46. *Longman and Co., London.*

A notice of this work appears in another page of this number.

PROCEEDINGS AT THE TWENTY-SECOND ANNIVERSARY MEETING OF THE HUNTERIAN SOCIETY, *with the Report, &c. Pp.* 46. *Pearson, Bishopsgate Street Within.*

PHARMACEUTICAL TRANSACTIONS. *Edited by* JACOB BELL, Esq. *Pp.* 34. *London: Churchill; Sherwood and Co., Highley.*

A STATEMENT OF FACTS ON THE SUBJECT OF MEDICAL REFORM, *addressed to the Profession and Public at large. By* W. COLLINS, Esq., *Druggist. Pp.* 15. *Simms and Son, Oldland, Bristol; R. Hastings, London.*

A SECOND LETTER TO THE AGRICULTURISTS OF THE COUNTY OF SALOP. *By* W. W. WHITMORE, Esq. *Pp.* 48. *Houlston and Stoneman, London.*

All letters, communications, and books for review, must be sent (free) addressed to T. Bailey, 10, Wellington Street North, Strand, London.

THE MEDICAL TIMES.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 4.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

(Continued.)

WE broke off in our last with certain enumerations, by Dr. Sinclair and Mr. Marshall, of the comparative numbers of the Profession to the general population.

The apothecaries' witnesses, Mr. Nussey and Mr. J. Ridout, gave in the following general computation in 1834, to the Medical Education Committee:—

1. Number of the General Practisers .... } 12,000, or 13,000, or 14,000.
2. Pop. of England and Wales. } 13,000,000 or 14,000,000.

Mr. Nussey gave in the number of General Practisers and Assistants in 1834, in London, as 1000, and in the Country as 11,000. Total.... } 12,000

In London, in 1828, we observe "The Profession does not appear so overstocked as in the country," "because (said the respondent) house-rent, &c., is higher, and the Profession in London is more select and respectable, from the greater expense, than in the country."

3. One General Practiser to 1000 of the population, conjecturally.

But this calculation does not include the number of physicians or irregulars, and quacks, which, taking 14,000 as the number of general practisers, will make up 200,000 *at least.*

The number of druggists is not known, but some idea might be got from *Robson's Trade List*, or "any other such lists." But, as we have said repeatedly, all such lists as those are fallacious, for the best of all reasons which is given by Mr. Nussey, who does not want for sagacity. "There are so many individuals *calling* themselves general practitioners, who have *no right to do so*, that I think there would be great difficulty in coming by the mode suggested," that is by trade lists, "to anything like a true estimate of the real number" of REGULAR general practitioners (vol. iii., p. 2). The very same objection will apply to the returns of the general census, for nothing can surpass the *stratagems* and devices had recourse to by impostors to gild and prop their rotten posts.

It must never be forgotten, that Dr. G.M. Burrows, and the Hall witnesses, Messrs. Nussey and Ridout, stated that before 1815, the great bulk of the general practisers in England and Wales were UNQUALIFIED and UNLICENSED MEN, among whom there were great numbers of UNSOUND MIND, BEASTLY IGNORANT and ILLITERATE, and so on, from the reign of Henry VIII. The Hall also proffered a conjectural computation to the Committee, that about ONE-HALF of the general practisers in England and Wales, in 1834, *not longer than seven years ago*, were totally *unqualified* and UNLICENSED!!! So much for the GENERAL PRACTISERS! This is a precious *exposé*—to say the least.

As to the total number of the profession, including also the number of gentlemen in the United Services, East India Company's service, land and sea, merchant's, and steam, and packet service, &c.; it may be much increased above 20,000, though the greater part of them must be included in the College and Hall lists. On the whole, there may be 5000 more, or 25,000 total. We think Dr. Sinclair's estimate at 60,000 or 80,000 exaggerated, which includes druggists; but numbers of the latter have increased greatly in proportion to the demands and resources of the population, and their ranks are rife with perpetual bankruptcies, compositions, assignments and insolvencies.

Among other notable characters in our future history of English quacks, that prince of absurd impostors, St. John (or Singeing) Long, after the prosecutions which befel him for the manslaughters, or, we should say, *women*-slaughters, of the Cashins, and our acquaintance Mrs. Colm Campbell Lloyd, retaliated on the profession by a book on their discordant opinions, in the *tu quoque* line of enthymeme. Among other strange things he said of and about them, he asserted that the practisers in London alone, in his time, amounted to "30,000 resident in the metropolis and environs, and the cost for medicine and medical attendance to their employers was £25,000 a year." This was, surely, cheap enough, at 15s. a head; but, as the Hall says, "the number of general practisers in London is only 1000, a part of whom are assistants, it is quite clear that St. John Long, like other quacks and liars, had a short memory. In the forthcoming article, on competition, we shall have occasion to refer to more of that *gentleman's* statistical exaggerations.

We have now said all that we have got to say on this part of the subject, but it strengthens the necessity of a CLOSE and SCRUTINISING registration, which we recommended in good earnest in our former remarks on the census in the *Medical Times*, No. 90, June, 12, Vol. IV.

As a great deal has been said by individuals about the expense, we think the cheapest mode will be the best. Dr. Sinclair says:—"that if the registration is to be only once a year, and if accurate lists, under Mr. Warburton's plan, are to be forwarded to the registrar for England, by the several sub-registrars throughout the whole country, the whole registration may be completed in a few weeks; and thus, in my humble opinion, the appointment of a separate and distinct officer as registrar, with all the machinery of sub-registrars, clerks, parish-schoolmasters, police-officers, constables of the peace, &c., &c., as assistants, would be superfluous; and as the object is so simple, it may be accomplished *without entailing any expense on the country!!!*" (p. 12).

In general we approve of these suggestions, and, furthermore, with Dr. Martin Sinclair's propositions, that accurate lists should be published and advertised in the London, Dublin, and Edinburgh Gazettes, by the respective clerks of the peace of the different counties," as in the manner of the annual lists of the Scotch graduations and licenses of the northern university-schools, and faculties of physic, and colleges of surgeons, in the Scotch and North of England newspapers. We agree that they may serve as legal evidences;—may be made and certified on the 1st Oct., which is the conclusion of every medical year, by every clerk of the peace;—be published and advertised in the Gazette on or before November 1, *seq.*;—also certified lists of druggists;—also the whole lists, in medical almanacks, by other works of that nature;—also SUPPLEMENTAL LISTS of Practitioners, who are licensed after October, and practitioners who remove from one county to another after registration; "and it may be a question, whether the whole expense of this supplemental registration and publication ought to be defrayed by the respective persons registered; or whether the ordinary fee, payable for registration, ought to be defrayed by the respective persons registered; or whether the ordinary fee, payable for registration at the beginning of each medical year, only should be payable?" (*p.* 13).

He then says, that admitting his calculation to be right, the expense would not exceed to each individual, 1s., or 1s. 6d. per head; and if there are 80,000 practitioners and druggists, there would be a revenue of £4,000 to 6,000 per annum; but suppose every practitioner and druggist paid 10s. annually, £40,000 revenue would be created, and that

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accursed impost on the vile quackery and trash called quack and patent medicines, which now amounts, according to Porter's revenue tables, to £32,000 a-year, might be repealed. The £40,000 would do more than make up for the loss of revenue by the repeal of the patent medicine license and stamp duties, as well as to wipe away that blot and stain on the characters of Englishmen." We shall unite our deprecations to those of Dr. M. Sinclair, in an express and "go-the-whole-hog" article on quack and patent medicines, in addition to the valuable labours of Dr. Coggan, of Reading, who is an ornament and "one of ten thousand" of his profession for industry and utility. "This arrangement would leave, besides an ample fund to defray the expense of the additional duties that would be imposed on clerks of the peace, for conducting the registration of medical practitioners and druggists, and for defraying the expense of advertising the certified lists in the *London Gazette*" (p. 15).

This mode of registration by the clerk of the peace, is that mode by which the members of the legal profession are registered in a simple, effectual and satisfactory manner. Registering with the clerks of the peace would be preferable for the medical profession; but after the adoption of the *mode suggested* for the SUPPRESSION OF UNQUALIFIED PRACTITIONERS, contemplated in Warburton's Bill, the duties of conducting the annual registration of medical practitioners and druggists, might be transferred, says Dr. M. Sinclair, to the clerks of the stamp-office, without entailing any additional expense upon any public department."—(p. 15.)

We agree with him that the first expense is the greatest, and, if well executed, will be the least in the end, by preventing increased and unnecessary expense afterwards.

As a strict, scrutinising and accurate registration is *the thing* particularly and especially called for, or, as we have before expressed ourselves, "a strict, exact and discriminating *catalogue raisonné*, with precise tabular names, ages, legal qualifications, divisions, grades, localities, appointments, &c., of every man of whatsoever denomination, arbitrary, proper, or popular in England and Wales; we do not see why there should not be a GRATUITOUS COMMITTEE of three or more regular and respectable practisers in every town in the country to overhaul the registrar's list, and assist the proper analysis, and the correct description of qualified and unqualified men as supervisors; for we are certain that they are willing, everywhere, to render their unpaid services.

(To be continued)

CORRESPONDENCE

To the Editor of the "Medical Times."

SIR,—There is one sentence in the last sketch which is all I require to correct; as it stands, it would make me appear to have written nonsense; I meant to have said—"There is no succeeding in manœuvre, or in intrigue, without preserving some credit, and having at least a specious and imposing exterior; as a trickster suspected is the most contemptible and impotent creature in creation." I have no complaint to make against the compositor, as I cannot be favoured with a glance at the proof-sheet without endangering my incognito—without depriving me of my anonymous protection. The conjectures respecting the authorship are endless, and require me to be more circumspect. I will merely say, in order to save innocent men from the anger of those little minds, one of whose invariable failings is not to forgive anything which self-love may consider a wound to their importance and dignity, that the different persons to whom these sketches are attributed have nothing to do with them. One will have it that my remarks are written to gratify my rage and disappointment—another, with much about the same accuracy, but with more charitable feelings, imputes them to the overflowing of bilious malignity: the Secretary, it is insinuated by a third; a supporter of the present corporations is supposed by a fourth to have undertaken the task—in order to create division in the camp, is cunningly suggested by a fifth. One of the Vice-Presidents, who fancied himself *slighted*, is thought by several to be the party; it is so much in his style, they allege. I feel myself complimented by the supposition, as I know the individual alluded to; but I have only to negative all those conjectures and affirmations, and at once take Dr. Lynch in hand, and introduce him to my readers.

He is a smart, dapper, active, well-built little Irishman, with a rich and mellifluous brogue, and a marked, expressive, intellectual countenance, with a considerable dash of devil or determination in it, indicative of his Connaught genealogy. He has taken a very active part in the proceedings of the Association of late years; and as he has been played off as a great gun,—the long *Tom*, famous for the weight of metal it can throw, and for its length of *bore*, I must give it some examination. His godfathers and godmothers gave him for a Christian the Jewish name of Jordan, after the celebrated river in Judea, I suppose, or in grateful remembrance of that most useful of all utensils in a lady's bed-chamber, I cannot take upon myself to assert. He rejoices in the second name of Roche, claiming close relationship (I believe nephew) to the great Roches, Lords or Kings, or Cockroaches, in some part of Ireland, and which serve to distinguish him from one of the same name, who has degraded himself by puffing off Morrison's Pills, and, like a showman, or peripatetic mountebank, descanting in every county and town upon their universal efficacy, and who unfortunately has not indemnified or consoled himself for the loss of professional character by any considerable acquirement of wealth, if I am to judge by the frequent appearance of the unfortunate wight before the Court in the neighbourhood of Lincoln's Inn Fields.

This gentleman, some years ago, displayed very great debateable ability in a society composed of lawyers and politicians, who were used to meet near Fleet Street. Some of the council proposed him as an acquisition to the association. He was willingly admitted. It was not long until his services were required. When the scheme of the Sanatorium, or Hospital for the Middle Classes, was broached by Drs. Southwood Smith and Arnott, Messrs. Grainger, Pilcher, and others, they were cited by the council to account for their unprofessional conduct. They obeyed the summons, and reckoned upon an easy victory. They at once became the assailants, not the defendants. They fancied they had the Davidsons, *et hoc genus omne*, to deal with. They completely turned the tables, and made most of the 'vantage ground. At this period of the debate, Lynch came to the rescue; it was the first time I had heard him in a medical meeting, and I never derived more pleasure and satisfaction from any speech. He literally annihilated the culprits. He, with exquisite raillery, ridiculed the prospectus which they had put forth—their pretensions to the character of "eminent men." He pursued their specious pleadings and sophistry through all its intricacies, and laid prostrate the scaffolding which they had erected. He displayed a retentiveness of memory, and bitterness of invective, a command of language that, as the secretary observed, frightened them out of all power of defence. They retired confounded, after regretting that the course which they had taken was *displeasing* to the profession, at the same time well pleased that Lynch did not press his threatened vote of censure, which, at the time, he would have carried. A fortnight after, a "*verbosa et grandis epistola*," of ten or twelve pages, came from Dr. S. Smith, replying to Lynch's speech, an abstract of which appeared in *The Lancet*.

His style borders very closely upon the declamatory. He, however, takes up a question in its proper points of view, as it were, intuitively; but there is order and method in it, bearing evidence of a practised speaker. He decides on its merits boldly and promptly, like a man conscious of his capability to do so, and throws his heart into the subject. History, anecdote, humour, classical lore, are scattered in profusion; nay, to a fault. What Cicero terms the asiatic or florid, he is too fond of, to be a strictly correct speaker. His strong convictions, his earnestness of manner, his impassioned action, his promptitude of application, do as much for him as his matter. There is no pause, no indecision, no chasms; like a torrent it dashes along; his tongue enunciates as rapidly as his head conceives; and, all combined, give confidence, and an air of sincerity and truth to his statements. His oration upon the necessity of the representative principle being made the basis of medical reform at Exeter Hall, at the last meeting but one, was most argumentative and eloquent, and appeared at length in *The Lancet*. The address of the Association to the profession on that occasion was written by him, and is a chaste composition. His reply to Mr. Wakley upon the extravagant and impracticable principles which he laid down at the council, ably reversed all the positions, and turned the council against them. Mr. Wakley being the first to bow to the sense of the majority, which principles Webster, by the machinery which I exposed, has since attempted to force upon the profession, and more recently at York, where he was signally discomfited, as I predicted. He is the medical officer of the West London Union, where his opportunities of seeing practice are considerable. He recommends some new plan for the treatment of typhus, in which I hear he is very successful. His powers of pleasing have made him a favourite with the greasy citizens. I have placed him in the scale upon the Persian plan; the balance is in his favour.

He has one very dangerous accomplishment "a sharp wit, matched with too blunt a will, whose edge hath power to cut," and which he exercises with the utmost disregard upon friend or foe. There is more vanity than heartlessness in this, we apprehend. He had better correct it; we have known it to have been the ruin of many—

> ——"Dummodo risum
> Excutiat sibi, non hic cuiquam parcet amico.
> *Horace.*

He is hot as Hotspur, much too quick to take offence. He set out as a radical medical reformer. We believe that he has changed his principles, or accommodated them considerably; he contends now for the existence of the present corporations, if they concede the representative principle to every member or licentiate as a means to the ultimate incorporation of all orders and divisions into one; at present, and for years to come, he holds it to be impracticable. He still continues a fierce foe to the corporations; I believe he has left the association. He agreed to retire with several of the council who were disgusted with what was going on, and they complain that he has not kept his promise: he ought to have joined the metropolitan, in which upwards of thirty of the association and council are enrolled. He cannot have anything to do with the humbugs of the Provincial Association, who seem to be trifling with the profession, and, after six or seven years disquisition and consideration, now declare that their plans are undecided, and they think the present state of things is not as bad as is represented. So much for the Dubs! which I must sketch hereafter.

Dr. Granville—If, gentle reader, you have not the honour of being personally acquainted with the man, you must have seen his name for a thousand and one times in every newspaper, magazine, and periodical, standing out in bold relief, in every variety of type. It outshines Warren's jet blacking. Granville on Spas here, Spas there, Spas God knows where. An interesting fact from Dr. Granville's work appears in a morning paper—a remarkable circumstance entertains the public in the evening, taken from the second edition of Dr. Granville—an improvement in the science of making Seidlitz powders, for which read 2 Tom. 9 Granville, while to old maids the difference between the infusion of tea made with Dr. Granville's water is worth knowing.

Bravo! doctor; that's the way to become, if not

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known, notorious. Dr. Johnson, in his life of Dr. Akenside, laid it down as law, "that a physician in a great city is the mere plaything of fortune; his degree of reputation is, for the most part, totally casual; they that employ him know not his excellence; they that reject him know not his deficiencies." You could not give him a surer and more certain prescription for getting on. This ubiquitous gentleman, that one day is in St. Petersburgh; another, by some talismanic agency, in Scotland; anon, in Germany; of whom I may truly say,—"*Famâ super æthera notus*"—is about fifty-two years of age, middle sized, of care-worn expression of countenance, a rather wrinkled "o'er with the pale cast of thought," fair-haired, what little remains is not dried up for want of nutriment or richness of soil beneath, but from constant change of climate and the habit of diving in the different waters which he is scientifically examining for his new work. He is so fond of the liquid element, to which he owes his reputation, that he is almost an amphibious animal. At first sight, the sandy hue or foxy-face, and general configuration, would make you suppose him a Scotchman. I understand that he is an Italian by birth. This would account for his foreign accent. He speaks English better than any man, not a native, I ever heard. The region or dome of thought is good and well defined. The eye is retrocedent, small, and with a cunning leer it peers out through his elegantly-finished spectacles. There is a smirk of complacency on his features, with a gathering of the leather of his lips, that gives a cynical or sardonic smile to his *face* that satisfies you he is on good terms with himself, and that it would be a profitable speculation to buy him at one price and sell him at his own. Not that I hold him cheap; on the contrary, I know him to be a clever—a very able man.

He is supereminent as an elderly medical dandy. He thinks himself the glass of fashion. He wishes you to understand that the aristocracy and ex-kings cannot do without him; that it is a vast condescension to visit and participate in the proceedings of the council; that he is a sunbeam out of his sphere—gone astray. He is covered with diamonds; on one hand there is a brilliant so large that it extinguishes the candles on the table of the council, when he raises it up. If he lived in the Friendly Islands, I would attach pendulous ornaments to his nose;—it is a passion with him.

The convolutions of satin across his breast, like the reflections of the peritoneum, with studs of diamonds like mesenteric glands interspersed amongst them, show the ardency of his devotion to the Goddess of *bon ton*. He is a man of taste—his horse, his harness, his cab, his "tiger," sprightly and light as Ariel behind; the cut of his coat, and his coat of arms, prove it. You say this is not a sign of a very clever man. I deny it. It is only part of a *system*—this is medical diplomacy;—besides, the greatest genius of our time, Lord Byron, was a lordly fop, and had his coronet upon all his bedposts abroad. He is most anxious to pass for an elegant man, and then takes the most certain way to prevent his success. He looks more like the ex-king's valet than his medical attendant. He is fond of a joke, and is occasionally *happy* in conception and delivery. As a speaker, concise and logical; in private conversation, entertaining and agreeable; as a medical reformer, earnest and honest—although some say he is only working for a fellowship. I spurn such unworthy imputations;—as a physician, clever and judicious; the friend of the practitioner—no deception in him. I have met him three or four times in consultation. I was much pleased with him. I hold it to be a duty to call in physicians who are favourable and honest enough to remove the unjust assumptions which at present exist in the profession; always providing that we find them *cæteris paribus* equal in attainments and ability to those "fellows" who would perpetuate the present system of deception and degradation. Dr. Granville will have my next guinea. To the man who would affirm that he hath no pith in him, no succulence, that he is as dry as a bone, I would push his pamphlet *On Medical Reform* in his teeth, to choke the slander. It is a calm, comprehensive, argumentative document. He lashes the dotards who are enamoured of Hippocratic heraldry, and the mythological arrangement of Gods, demi-gods, and those meekest of God's creatures, that species of centaur—the poor apothecaries—with a scourge of scorpions, that proves his heart is in the cause. We cannot extenuate the system of bookmaking, that is obviously written to introduce his name and card into every town that has a well a few feet deep. It is arrant quackery—as bad as Eady's system. It is no excuse because Paul and Coulson, and Dr. Ramadge advertise, that Dr. G. should do it.

Good sense and science have long since stripped the Spas of their imputed efficacy and charms—of their salutary properties. Synthetic chemistry can produce a beverage superior in composition to the best Spa in the world. You say, no. Bah! Doctor, it is an ingenious device—an old scheme revived.

PROBE.

To the Editor of the "Medical Times."

SIR,—The insertion of the enclosed communication, extracted from my case-book, will be deemed a favour.—I am, yours, most obediently,

A. B. MADDOCK, M.D.

80, Judd-street, Brunswick-square.

In the night of July 12, I was hastily summoned to attend A——e W——d, ætat 26, of abstemious habits and nervous temperament. Her mother stated that she had that day quitted the service of Mrs. H——, Devonshire-street, in consequence of having become *enceinte* by the footman. The fact of her shame being known, together with the loss of her situation, so preyed upon the mind of the young woman, that her senses quite deserted her. She presented, indeed, a sad spectacle of the misery which a deviation from virtue entails upon woman. The excitement was so great at the time I visited her, that it was with some difficulty she was prevented from laying violent hands upon herself. The head was cool, and there was a cold clammy sweat upon the hands and feet; the pulse small and frequent; the pupils contracted, but the eyes not intolerant of light; the bowels not open to-day. From the history of the case, the delirium did not appear to me to be dependent upon any inflammatory action of the membranes or periphery of the encephalon, but a purely nervous affection; and I considered that *depletion*, which I have seen but too indiscriminately employed in delirium, was not here indicated; I, therefore, ordered the following mixture:—

Castor oil, one ounce; to be taken immediately.
Muriate of morphia, 3 grains.
Syrup of poppies, 6 drachms.
Distilled water, four ounces.
Make a mixture; take a fourth part every four hours.

17th. Continues very violent, and has been so the greater part of last night. The mixture was regularly given. The bowels have been freely relieved. The mixture to be continued.

18th. Passed a very restless night, and is almost unmanageable this morning; pulse very low and quick; the countenance much attenuated and altered since yesterday; appears worse in every respect. I now ordered fifteen drops of the tincture of opium to be mixed with a little gruel, and administered every four hours in the form of a clyster. In the evening she was more calm, and her mother (a particularly intelligent woman) said to me she was sure great relief had been derived from the clyster; the bowels open; the clysters to be regularly continued.

19th. Slept quietly, at intervals, during the night, and is sensible this morning; the pulse fuller, and the head and feet have regained their natural warmth; says that she feels "dreadfully exhausted," and complains of a great "bearing down" in her inside, and states that she is five months gone with child, and is afraid, from her feelings, that she is about to miscarry. Has evidently derived great benefit from the clysters, which, however, from her great improvement, I now discontinued. Prescribed as follows:—

Battley's sed. sol. of opium, 8 drops.
Syrup of poppies, 3 drachms.
Distilled water, an ounce and a half.
Mix, make a draught, to be taken every four hours.

20th. Called up this morning by her mother, who stated that she believed her daughter to be in labour. Before I arrived, a still-born child had been delivered. The placenta still remained, but was shortly after naturally expelled; she appeared extremely dejected, and expressed her sorrow by tears and exclamations, that she should have miscarried, and said that it would "drive her mad again." The sedative draughts as before prescribed, to be regularly taken. Late at night an attendant came to say that she was more violent than ever. Ordered the opiate clysters to be immediately resorted to.

21st. Was quite composed by the clysters last night, and is sensible this morning; complains of great irritability and weakness, but is in no pain; the pulse low and extremely weak. Ordered a little warm brandy and water, and the following:—

Sesquicarb. of ammonia, 15 grains.
Lemon juice, 1 drachm.
Syrup of oranges, half a drachm.
Tincture of hyosciamus, one drachm.
Water, an ounce and a half.
A draught every six hours.

22nd. Quite tranquil, slept for four hours last night; the pulse fuller, and head and feet warm. The medicine to be continued.

23rd. No delirium; slept well last night, and feels much stronger. From this date no untoward symptoms arose, and she gradually regained her former health and strength.

CASE 2.

Mrs. R——ts, ætat 27, of a weak and nervous constitution was delivered September 6th, of her third child; the presentation was natural, delivery quick, and unattended with any untoward symptoms. Early in the morning of the 8th, I was hastily summoned, and found her labouring under great pain in the head, and sickness, accompanied with a vacant and frightened look, turgid conjunctiva, impeded motion, and uneasiness of the limbs, imperfect speech, weak and irregular pulse. Upon inquiry of the nurse, I ascertained that my patient had been subject to "fits" in both her previous confinements, and was shown the prescriptions of the physician who formerly attended her; by which it appeared, that sedatives of every kind and form had been employed, together with venesection and cupping, without any benefit being derived from them.

Under these circumstances, I immediately resorted to the opiate injections. I prescribed as follows:—

Tincture of Opium, *m* xviij.
Common gruel, ℥iv.
Mix and make into an injection to be administered immediately per anum, and repeated every 3 hours.

She remained in a state of insensibility and extreme excitement, alternately laughing and crying, for nearly two hours, when consciousness gradually began to return, and in six hours (two enemas having been given) she was sensible, but felt "very nervous." Notwithstanding these favourable results, I ordered the injections to be regularly continued for the next six hours.

September 9th:—Slept tolerably well last night; has had no return of the fits, does not feel "quite" so nervous, and is much improved in every respect. As the bowels have not been freely open, I prescribed,

Infusion of senna, ℥iss.
Sulphate of magnesia, ℥j.
Tincture of senna, ℥iv.
Spearmint water, ℥iiss,
Take four table-spoonfuls directly, and repeat the dose in three hours, if necessary.

10th. Bowels well acted upon; tongue clean; much less anxiety of countenance, and pulse regular; no hysterical symptoms now present. She continued to mend until the 12th, when she was suddenly seized with a "jumping in the legs," and dizziness in the head. I again employed the opiate injections; in a few hours these sensations had quite abated, without any fit having occurred. Two injections were used. From this period my patient rapidly recovered; she occasionally felt a "tingling" in her feet and legs, which she tells me used to precede a fit, but this sensation has quite abated, and she is now (October 20th) in a better state of health than she has been for some length of time. The first attack of this nature occurred for many days, and the second at intervals, for nearly three weeks.

REMARKS.

The above cases are interesting, as showing the power opium possesses (exhibited as an injection) in

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allaying nervous excitement. Many practitioners, including Merriman, Hamilton, and Dewees, consider opium as highly injurious, when given in the ordinary way. In this opinion I fully coincide,—indeed, the cases just narrated illustrate how little this remedy, and others of a like nature, can be relied upon. Manning and Bland, however, commend it. Stoerck recommends that it should be given with camphor, or with the subcarbonate of the alkalies, as advised by Stultz and Brumingshausen, or with both. Rink applies it to the region over the uterus, and Hufeland to the feet.* Mr. Velpeau states hysterical eclampsia, and all convulsions originating in spasm, distention or irritation of the uterus, have appeared to him to be relieved after venesection by the preparations of morphia, more especially the powder in doses of a quarter to half a grain every two or three hours in a glassful of water. Evers, Chaussin, Conquest, and others, have employed belladonna with occasional advantage. Dupuytren, I believe, first administered opium as an injection; and it was from witnessing the almost invariable success with which the practice of this justly-eminent surgeon was attended in cases of nervous excitement produced by disease and operations, that I was induced to adopt it. M. Dupuytren explains the curious fact, that the small quantity of opium taken into the stomach produces no effect, whilst it is so efficacious in the rectum, by the absence of the digestive powers in the latter, and the absorption of the medicine unaltered into the system. Should the bowels become constipated during the use of this remedy, cathartics must be immediately given. Purgation should not, however, be carried to too great an extent. I generally give castor oil, or black draught; but the choice of a purgative must be regulated with due reference to the state of constitutional power, and to the presence or absence of exhaustion, and nervous susceptibility. There are few cases of this complaint, at whatever period they may occur, entirely unconnected with fæcal accumulations; and although this state of the bowels may not excite the attack, it certainly remarkably disposes to it.

With regard to *depletion*, I consider this practice as reprehensible in attacks of this kind, where they assume a purely nervous character, and are unattended with any active congestion of, or determination of blood to the brain, or other *apoplectic* symptoms; in cases of the latter description, I invariably employ venesection, and follow it up by the opiate injections.

Puerperal convulsions may assume different phenomena in different cases; thus mention is made of the tetanic, cataleptic, hysterical, epilectic, apoplectic, and choreal. Dr. Merrimant speaks of puerperal convulsions as always assuming the apearance of epilepsy: this I believe to be a most common, but certainly not the only form of the disease; Vögel, too, regards it as an acute epilepsy. Burns‡ asserts that puerperal convulsions are quite different from epilepsy, and that the most frequent species is of the nature of eclampsia, or tetanus, which occurs a hundred times for once that the other does. Dewees, who wrote especially upon the disease, retains three forms, the epileptic, hysterical, and apoplectic; but in whatever class these affections may, with most propriety, be included, or by whatever name they may be designated, it is my belief that, in nineteen cases out of twenty, they are of a nervous character, and are dependent upon uterine irritability; which may be most effectually overcome by the means here suggested.

A. B. M.

* Vide, Des Convulsions chez les Femmes, &c., &c.

† Synopsis of Difficult Parturition. Page 139. 4th Edition.

‡ Midwifery. Page 483. 8th Edition.

VACANCIES, PROMOTIONS AND APPOINTMENTS.

War Office, Aug. 17.

Tenth Regiment Foot, Ass. Surg. R. Wood, from the Staff, to be Ass. Surg, vice Brodie promoted on the Staff.—Twenty-third Foot, Ass. Surg. J. E. Currey, M.D., from the 34th Foot, to be Ass, Surg., vice Connell promoted on the Staff.—Thirty-eighth Foot, Ass. Surg. E. Le Blanc, from the Staff, to be Ass. Surg., vice Foss promoted on the Staff.—Ninety-ninth Foot., Ass. Surgeon., G. R. Smith, from 65th Foot, to be Ass. Surg., vice Byrne promoted to the Staff.

Navy.—August 14th.—Surgeons.—Dr. Gilbert King (Deputy Inspector of Hospitals), to the Illustrious; Dr. A. Bryson, to the Madagascar; Wm. Roy, to the Syren.

Assistant Surgeons.—J. C. Bowman, to the Illustrious; J. D. Russell, to the Madagascar; J. W. Fletcher, (additional) to the Queen; T. H. Graham, to the Tortoise.

REVIEWS.

The Graveyards of London.

A new feature is assumed by the medical literature of the present day. Hitherto works on medical science have been prepared with a view only to divide and distinguish the varied forms of suffering which experience has shown to be the lot of humanity; and the only hope of alleviation held out by medical professors has been a reliance upon those remedies, the administration of which has been registered in successful cases. Another era has, however, arrived; from effects men look up to causes; and by striking at the root of evil, they seek to destroy at once both the mighty stem and its baneful fruit. With this view the subject of the present review appears to have issued from the press. It is from the pen of Mr. Walker, of Drury-lane, and is entitled, *The Graveyards of London*, being an exposition of the physical and moral consequences inseparably connected with our unchristian and pestilential custom of depositing the dead in the midst of the living, with the examinations of the author upon this highly important subject, before a select committee of the House of Commons.

This work, published by Longman, in the form of a shilling pamphlet, appears to be an epitome of a former work by the same author, entitled *Gatherings from Graveyards*, and which we are happy in recollecting, obtained an unusual degree of attention both from the press and the public. The work commences with historical and general observations, in which the author calls attention to the fact, that among what are considered in these days of false refinement the barbarous nations of antiquity, the practice of burying the dead in the midst of the living was scrupulously avoided; and that by the laws of Greece and of Rome, the dead were ordered to be buried or burnt only without the precincts of cities. It was reserved for Christianity, in the dark ages of the Catholic Church, to allow the innovation of depositing the dead in the midst of the living, and by placing the bodies of those considered most worthy near to the high altar of churches, allowed the sickening and destructive vapours arising from corrupting humanity to mix with and charge with their poison, the atmosphere breathed by the devout communicants. The privilege of having their remains buried within the consecrated walls of a church was at first confined to those whose lives had been considered most holy; hence priests were the first upon whose remains this privilege was conferred, and the custom probably had its origin in the veneration entertained and cultivated for relics of persons and things held sacred. The ground having thus been broken in upon, further innovations soon followed. The privilege, at first confined to ecclesiastics, was soon extended to laymen, and our churches and cathedrals were converted into sepulchres for 'knyghts, nobles, and ladies of honour.' Even the character of an honourable lifetime soon ceased to be requisite, and the privilege was marketed as a gratification to the vanity of those individuals and families who chose to purchase the distinction for money. Our Protestant churches and cathedrals of the present day are filled with monuments, upon which are engraven names unknown in the records of fame, and they tell with one voice that the possessors of the tombs beneath, without having distinguished their lives by actions of public virtue worthy of memory, have had this indulgence granted to their remains, that they shall not mix with the dust of their less wealthy brethren without, but that they shall be allowed to decay and rot in the place which ought to be sacred alone to public worship and pious reflection, and by yielding up the poisonous vapours of decay among the crowds of worshippers who throng thither to thank Providence for its favours, and pray for health and the blessings of plenty, diffuse disease, misery, and death among the community of which they have ceased to be living members. Thus the temples of an incorruptible God are made the abodes of corruption; and the venerable and noble specimens of ecclesiastical architecture, erected by the piety of past ages, and hallowed by the memory of time, are converted into painted sepulchres—the abodes of rottenness and death. And for what, let us ask, has all this sacrilege been perpetrated? Who has usurped the place of the God of happiness, mercy and truth, in his own house, and at his own altar? The answer is plain—*It is the fiend of money.*

The author next presents his readers with a "description of some of the metropolitan burying grounds." This description professes to give only a sample of places of interment which demand not only public enquiry, but also legislative interference for their immediate and final closure. We rejoice that the subject has been taken up by the common council of the City of London, by whom, upon the motion of Mr. Anderton, a committee of enquiry has been appointed. The question of intramural sepulture could not have fallen into better hands, and we trust the example thus set by the metropolis will be followed by the authorities of every city and borough throughout the entire length and breadth of the land. The dignitaries of the established religion ought also to be warned of the consequences of neglecting a subject so important to their interests and to the character of the church whose ministers they are. Dissenters, too, ought to take part in the agitation, for they also are deeply implicated, as may be learned from the following quotation we take from the body of the work:—

"Clement's Lane.—This is a narrow thorough fare on the eastern side of Clare Market; it extends from Clare Market to the Strand, and is surrounded by places, from which are continually given off emanations from animal putrescence. The back windows of the houses on the east side of the lane look into a burying ground called the "Green Ground," in Portugal Street, presently to be described; on the west side the windows permit the odour of another burying place—a private one, called Knox Chapel—to perflate the houses; at the bottom—the south end—of this Lane, is another burying place, belonging to the Alms Houses, within a few feet of the Strand, and in the centre of the Strand are the burying ground and vaults of St. Clement Danes; in addition to which, there are several slaughter houses in the immediate neighbourhood; so that in a distance of about two hundred yards, in a direct line there are four burying grounds; and the living here breathe on all sides an atmosphere impregnated with the odour of the dead. The inhabitants of this narrow thoroughfare are very unhealthy; nearly every room in every house is occupied by a separate family. Typhus fever in its aggravated form has attacked by far the majority of the residents, and

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death has made among them the most destructive ravages.

"Burying Ground, Portugal Street.—This ground belongs to the parish St. Clement Danes, and has been in use as a burying place beyond the memory of man.

"The effluvia from this ground, at certain periods, are so offensive, that persons living in the back of Clement's Lane are compelled to keep their windows closed; the walls even of the ground which adjoins the yards of those houses, are frequently seen soaking with fluid, which diffuses a most offensive smell. Who can wonder, then, that fever is here so prevalent and so triumphant?

"In the beginning of the year 1839, I was called upon to attend a poor man, who lived at 33, Clement's Lane; his health was broken, his spirits depressed, and he was fast merging into that low form of fever of which this locality has furnished so many examples. I found him in the back room of an extremely dirty house, his wife and family with him. On looking through the window of his room, I noticed a grave open within a few feet of the house; the sick man replied to my observations, 'Ah, that grave is just made for a poor fellow who died in this house, in the room above me, *he* died of typhus fever, from which his wife has just recovered,—*they have kept him twelve days*, and now they are going to put him under my nose, by way of warning to me.'

"About twenty years since, it was the custom in this ground to bury the poor in a vault underneath the pauper's promenade, which is now flagged over. Trap doors covered the entrance of the vault, and a large chimney or shaft, rising from about the centre of the vault, carried off the products of decomposition from this place. The smell, I am informed by a respectable man, was disgustingly offensive, and was frequently intolerable during hot weather. The bodies were buried in slight deal three-quarter stuff coffins; these were soon destroyed: they were packed, as is the custom, one upon the other; the superincumbent weight, aided by the putrefactive process, had deranged several of the bodies; in replacing one of the coffins, three guineas fell from it; it was supposed that the money had been clutched in the hand previous to death; a more rational supposition is, that the nurse had hidden the money in the coffin, but that the opportunity had not offered of removing it.

"Enon Chapel.—This building is situated about midway on the western side of Clement's Lane. It is surrounded on all sides by houses, crowded by inhabitants, principally of the poorer class. The upper part of this building was opened for the purposes of public worship about 1823. It is separated from the lower part by a boarded floor: this is used as a burying-place, and is crowded at one end, even to the top of the ceiling, with dead. It is entered from the inside of the chapel by a trap-door; the rafters supporting the floor are not even covered with the usual defence—lath and plaster. Vast numbers of bodies have been placed here in pits, dug for the purpose, the uppermost of which were only covered by a few inches of earth; a sewer runs angularly across this 'burying-place.' From the most authentic information, I have reason to believe, that since the establishment of this place, from ten to twelve thousand bodies have been deposited here, not one of which has been placed in lead. A few years ago, the Commissioners of Sewers, for some cause interfered,—and another arch was thrown over the old one; in this operation many bodies were disturbed and mutilated. Soon after interments were made, a peculiarly long narrow black fly was observed to crawl out of many of the coffins; this insect, a product of the putrefaction of the bodies, was observed on the following season to be succeeded by another, which had the appearance of a common bug with wings. The children attending the Sunday School, held in *this chapel*, in which these insects were to be seen crawling and flying, in vast numbers, during the summer months, called them 'body bugs,'—the stench was frequently intolerable; one of my informants states, that he had a peculiar taste in his mouth during the time of worship, and that his handkerchief was so offensive, that immediately upon his return home, his wife used to place it in water. The parish authorities interfered upon the subject of poor-rates, proposing to impose a mere nominal rate, if the place were closed; this was done for about twelve months. In defiance of opinion, however, it was again employed for the purposes of interment, and has been so used up to the present time. I am acquainted with many who have been seriously affected by exhalations from this corpse hole, and who have left the place in consequence.

Some months since, hand-bills were circulated in the neighbourhood, '*requesting parents and others to send the children of the district to the Sunday Schools,' held immediately over the masses of putrefaction in the vault beneath.*

"Residents about this spot, in warm and damp weather, have been much annoyed with a peculiarly-disgusting smell; and occasionally, when the fire was lighted in a house abutting upon this building, an intolerable stench arose, which it was believed did not proceed from a drain. Vast numbers of rats infest the houses; and meat exposed to this atmosphere, after a few hours, becomes putrid.

"This place is familiarly known among undertakers by the appellation of the 'Dust Hole,' and is a specimen of one of the evils which sprang up during the operation of certain laws that were hostile to the cultivation of anatomical science, which have happily now been repealed. The professed security of the dead was made the pretext; individual advantage was the real object for depositories of this description. The health and comforts of the living were entirely disregarded, and the annoyance and dangers, resulting from the proximity and effluvia of decaying animal substances were submitted to, and hazarded by survivors, rather than subject themselves to the tormenting anxieties which arise from the apprehensions of a brutal exhumation.

"I have several times visited this Golgotha. I was struck with the total disregard of decency exhibited, numbers of coffins were piled in confusion; large quantities of bones were mixed with the earth, and lying upon the floor of this cellar (for vault it ought not to be called); lids of *coffins* might be trodden upon at almost every step.

"My reflections upon leaving the masses of corruption here exposed, were painful in the extreme; I want language to express the intense feelings of pity, contempt, and abhorrence I experienced. Can it be, thought I, that in the nineteenth century, in the very centre of the most magnificent city of the universe, such sad, very sad mementos of ignorance, cupidity, and degraded morality, still exist? Possibly I am now treading over the mouldering remains of many, once the cherished idols of the heart's best and purest affections,—here, thought I, may repose one who has had his cares, his anxieties, who, perchance, may have well fulfilled life's duties, and who has tasted its pleasures and its sorrows,—here he sleeps as I must sleep; yet I could not but desire that I might have a better resting-place—a *Christian* burial."

The third chapter of the work makes us acquainted with the "disgusting practices in burying grounds;" and we would ask, as calmly as the circumstances will permit, what can be more disgusting than the detail of those practices, which, for the first time, the author has brought to light? The hacking and hewing of bodies, yet undecomposed, without distinction of age or sex; the careless throwing about in graceless confusion of skulls, yet retaining their hairy scalps, and of bones yet undeprived of their fleshy covering—the open sale of coffin-wood for the purposes of common fuel—and the exposure in marine store shops of second-hand coffin furniture, with other articles of stolen property, are matters requiring a dauntless heart and a bold hand, both for their investigation and exposure. Hitherto, the matter has been in the unflinching hand of a private individual. It ought no longer to remain so. Our municipal authorities, and the dignitaries of our church and state, can now no longer plead ignorant of these disgusting nuisances; and their silence, hereafter, will only be construed into a connivance at the practices deprecated, and unless they adopt vigorous measures of restraining the cupidity of individuals, they will be indicted as accomplices at the bar of public opinion.

The fourth chapter, the most important in the work, considers "the effects of burying in crowed localities." It gives us the important statistical information that typhus fever, in its worst forms, abundantly prevails amongst crowded localities in the neighbourhood of burial grounds. It would be difficult to select from this important chapter any one part, more suitable than another, to form a quotation; and, as the work is in so cheap a form, we cannot do better than refer our readers to the original. We promise them abundant matter, worthy the reflections of every thinking man and woman. The last chapter contains the concluding observations of the author, who, in an appendix, has also added extracts from his evidence given before a select committee of the House of Commons, to enquire into the health of towns.

We could add much to our review of this important subject, but we feel to have done the principal part of our duty in calling public attention to the work itself. The horrors of death are heightened by our present modes of interment. It suits not the philosophic mind, nor does it seem agreeable to the order of nature, that the remains of the dead should be a source of disease and misery to the living. When the soul escapes from this frail tenement of clay, the body should mix with its parent earth, and the power which science has shown to be possessed by nature, that of forming from the dust of dead and decayed organic matter, new compounds of living beings, endowed with life and youth and vigour, gives the stamp of eternity to what the vulgar eye sees only as the beings of an age.

ARGUS.—No. IV.

"THE LANCET" AND MR. MUNTZ—AND ENGLISH PRESCRIPTION CLAUSE.

"Argus, qui voit tout, avait cent yeux, et deux seulement se fermaient à la fois, pendant que les autres veillaient."
Encycl. Méthodique.

Of an art of which the public have so dark, so confused, so erroneous ideas,—of which, in fact, the world of men has been proved, by all medical history, to be so peculiarly and strikingly ignorant and prejudiced we can easily imagine what vague and eccentric ideas, what odd and singular constructions, *they* will form on cases and prescriptions open to *their* observation and judgment! Both will be subject, no doubt, to a number of chaffering-men and tongue-running women, without the power of connecting two rational ideas together on a medical case or subject, out of the commonest kind; but who will express *those* opinions, *such* as *they are*, in *their usual way*, in defiance of everything, when they are all met in jackdaw colloquy; and, pretty specimens of the aberrations of human misconception, we shall be subjected to, as if we had not more plague than profit with the world, as it now is, without having more human nonsense to encounter. Having no elementary knowledge of medical subjects, with all the natural obscurity, complication and difficulty of medical disquisition, they will form their own false and fallacious notions, whether or not, they will conjure up all sorts of vulgar distorted views of the means to the end, counteracting the effect of opinion and remedy, by this very process of thinking, which is so natural to those who know no better. As to the prescriptions, they will become as cheap and common in the eyes of the world, as half-penny ballads-royal. We repeat, that medicine, by its various nature,

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is an occult, close, private and domestic, or internal profession, and is not, and never can be, made an open, communicative and discussional profession, in private practice.

We hate quackery as much and more than any man, but we know the hearts and heads of thousands of men and women, and we do not think that their capacities are to be trusted with all its secrets. "Where ignorance is bliss, 'tis folly to be wise." It is true, we admit, that mystery and secresy is a part of quackery; but the openness of the profession will increase all three; mystery and secresy are, indeed, the bulwarks of imposture and fraud; but, for all that, Latin is a part of the legitimate practice of medicine; and we know that no medicine has ever been purchased by government for the public good, but that, so soon as it was made known, it lost its value and efficacy; witness Mr. Stevens's remedy for the stone, and a number of others.

"*Anguis latet in herbâ.*" *The Lancet*, with which we generally agree, has avowed itself attached to the separate and distinct cause of the GENERAL PRACTISERS, but wishes to elevate them to physicians, from "mixed company," or to the double capacity of physicians and surgeons. For our parts, we desire the same, and are as just and as impartial as we can be. We take under our wings neither the physicians, nor surgeons, nor general practisers, nor apothecaries exclusively. We give praise or blame to all divisions according to their merits or demerits, both of which are very great, and we take the broad, straightforward path of truth, independence, and impartiality. We belong to neither party nor faction. We think the foolish prescription-clause of Mr. Muntz is a lame dog, helped over the stile, by *The Lancet*, and aimed insidiously at the interest of the physicians, for the exclusive benefit of the surgeon-apothecaries, at the expense of their superiors. They have the empirical benefit of concealing their own prescriptions, within the leaves of their day-books, and of reaping in secresy and silence whatever applause or popularity their *miracles* may produce; they owe more to it than to any other cause. They have the benefit of going to druggist-shops, which in country towns they constantly, and often, in the low and base spirit of jealous and invidious rivalry, of criticising the popular physians' prescriptions and ridiculing them; but at the same time the druggists everywhere tell us, they make it a rule to copy them, and with the astuteness and baseness natural to such of them as are of low minds, imitate and use what they have abused, and claim the credit, without acknowledgment, for the results of what do not belong to them, nor to their skill such as it is, in very many instances. Such men as these are contemptible BRAINSUCKERS! We, and all our friends in the profession, have a great many characters, both physicians and general practisers, to "show up" on this score, and we shall not spoil the child by sparing the rod.

In the meantime, we earnestly recommend the Colleges of Physicians, the Societies of Apothecaries, and other learned bodies, to take Mr. Muntz's innovation into consideration as soon as possible. We also recommend every regular graduate of medicine in the country, who values his future interests and welfare, to do the same, and express his sentiments and objections to this obnoxious clause, in communications to journals, or in petitions to Parliament, as loudly, openly and freely as this non-professional interference requires. We appeal not at all to such persons as CHIRURGICUS, in *The Lancet*, of July 31, for if he be a pure surgeon, the PURES know nothing of internal pathology, and they are guiltless of ever writing any prescription for inward disease, which any man, woman, or child might not write, and, therefore, the PURES may show their prescriptions to all the world, and much good may it do them.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 24th July, 1841:—

Epidemic, Endemic, and contagious diseases	130
Diseases of the brain, nerves, and senses	130
Diseases of the lungs, and other organs of respiration	219
Diseases of the heart and blood-vessels	11
Diseases of the stomach, liver, and other organs of digestion	93
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	89
Old age, or natural decay	47
Deaths by violence, privation, or intemperance	19
Causes not specified	3
Deaths from all causes	759

APOTHECARIES' HALL.

Mr. Thomas Jackson, Oxford; John Todd, Hartfield, Sussex; Edward Enoch Tucker, Exeter; James Lord, Bury, Lancashire; Lasley Pugsley, Wiveliscombe; James Hough, Richmond, Surrey; William Pritchit Hodgson, Stockton; Edward Roberts, Sydenham.

The Court of Examiners of the Society of Apothecaries, on Wednesday, the 4th inst., made their Annual Report of the proceedings to the Court of Assistants, from which it appeared that during the last year 429 candidates had presented themselves for examination; that of that number 363 had received a certificate of their qualification to practise, and thirteen had been thought deserving of the especial commendation of the Court for general proficiency in the subjects of examination.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members, on Friday, August 6th, 1841:—

Jonathan Wilson, Lowry John Monteith, Adam Gordon, William Augustus Loy, Joseph Walmsley, Charles M'Shane, James Atkin, Samuel Payne Chennell, Graham Lacon, Richard Dawson, Annerly Allcock.

List of the Gentlemen admitted Members on Monday, August 9th, 1841:—

Thomas Wharton Jones, William Henry Kaler, Christopher Hill Dobson, Henry Albert Lee, Edwin Chesshire, Richard Shackledge Leggatt, Richard Harris Williams, James Charles Wells, Charles White.

List of the Gentlemen admitted Members on Friday, August 13th, 1841:—

Thomas Coales, John Rogers, George John Gates, John Cockin, Frederick William Richard Sadler, William Gregson Gregory, Thomas George Dickson, John Ligestwood Paterson, Richard Trafford Whitehead, George Edward Dunsterville, Edward Harris Derriman, George Robert Irons, Charles Lydial Leete, Henry Edward Beck.

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LECTURES ON THE ORGANS OF REPRODUCTION IN THE ANIMAL KINGDOM.

Delivered in the Royal College of Surgeons, London, by

PROFESSOR OWEN, F.R.S.

LECTURE XXIII.

In the preceding lectures have been discussed the modes of production of the ovum and of the seed; the reciprocal action of these upon each other constituting impregnation; the conveyance of the ovum from the ovarium to the situation in which development is to be effected; the development of the embryo within the uterus; the extrication of the fœtus from its membranes; and its subsequent separation from the parent. We shall now trace, through the different classes, the various circumstances and phenomena which accompany the formation of a requisite nidus for the development of the embryo; the production of the necessary temperature; the provision of a requisite proportion of nutrition; and the removal of effete parts from the system.

In the embryo of fishes, a vitelline bag, containing the nutritive substance, is appended to the abdomen, and connected with the alimentary canal by means of a short ductus vitello-intestinalis. The surface of this vitelline sac is abundantly supplied with the ramifications of the vitelline, or omphalo-mesenteric vessels. The effete and azotised parts of the system are eliminated by means of two glanduiar organs, the Wolffian bodies. The carbon is removed by means of processes of the anterior portion of the alimentary canal, which form folds upon each side of the head, and constitute the branchiæ, or gills.

The embryos of batrachia, derive their nutrition, also, from a vitelline sac, or vitellarium. Wolffian bodies for the removal of the effete azote are soon produced; and, at the same time, prolongations take place from the anterior part of the digestive canal, forming branchiæ for the elimination of the effete carbon. These branchiæ are removed in the adult condition of the animal.

In higher reptiles and birds, the vitellarium is of a larger size, and contains more nutritive substance. At the period corresponding with the branchiæ in fishes and batrachia, processes of the digestive mucous membrane form rudimentary sacculi upon the sides of the fauces, but retain that rudimentary form during life. At the same time a cæcal process is produced from the opposite end of the digestive canal, near to the cloaca, which increases rapidly in growth, and carries with it ramifications from the hypogastric arteries. The blood is returned by a large vein, which passes over the liver, and terminates near the heart. This sac examined in the sheep was called, by Galen, the allantois; its highly vascular structure coming into contact with the internal surface of the shell, enables it to perform the office of a temporary respiratory organ.

Thus far no difficulty will be found to arise in tracing the analogies of the different structures and organs which have been described. With respect to the amnios, we may briefly recapitulate the manner of its production: it is first formed immediately beneath the membrana vitelli as the most superficial, the serous layer of the germinal membrane. As the embryonic trace gradually rises above the surface of the germinal membrane, it becomes invested in this amniotic covering, and, sinking after a time into the yelk, becomes surrounded by an additional or reflected covering of the amnios. The edges of this reflected portion gradually coalesce over the dorsal surface of the embryo, and the amnios is then converted into a shut sac. We have now only to suppose the endosmose of the surrounding fluids into this cavity, to produce the expansion of the amnios which is found in man, but which is much less in the inferior mammifera and in birds.

In the ovum of birds we find a yelk, a membrana vitelli, a collection of albumen, a membrana testæ, and a shell; and the question naturally arises, as to whether anything analogous to the albumen and membrana testæ occurs in the ovum of mammiferous animals. On this point much difference of opinion exists among physiologists. Burdach, in his recent work, considers the chorion to be the representative of the membrana vitellf of birds. In the Ornithorynchus we have seen indisputable evidence of the analogy of the ovum with that of the bird. The albumen is more fluid than that of the bird, and is contained in a distinct membrane, analogous to the membrana testæ and shell combined. It may be objected to this opinion, that the egg of the Ornithorynchus may be simply the yelk inclosed in its membrane, and that it may acquire a membrana testæ and shell before being emitted externally; but we have seen that all the analogies are wanting which would lead to the supposition that the ovum of this animal is incubated. The extremely small size of the vitellus, the absence of chalazæ, &c., all justify the inference that it is developed within the uterus, whether by a placental connection or not remaining yet to be decided. If any doubt previously existed with regard to the analogy of the chorion of the human ovum and the membrana testæ, that doubt has been wholly removed by the researches of Dr. Martin Barry, who has observed the formation of the chorion within the Fallopian tube of mammiferous animals, and has described the repletion of that membrane by means of endosmose, with a fluid analogous to the albumen of the egg of the bird.

Modifications of a very striking kind are observed in different orders of mammifera; of these one of the most interesting is marsupiata, the more particularly on account of the very singular theories and opinions which have hitherto been entertained with regard to the manner of reproduction in these animals. The older travellers regarded them as gemmiparous, conceiving from the small size of the embryo, when first received into the pouch, and from its imperfect development and close adhesion to the nipple, that it was actually produced by the sprouting forth of a bud from the apex of the nipple. The latest writer who advocates this opinion is Geoffroy St. Hilaire. Dr. Barton establishes, very clearly, the existence of the embryo in the uterus, and found it, too, excluded in a most imperfect state, with hardly a trace of its proper form. Geoffroy St. Hilaire and Serres have described a vascular communication between the mouth of the embryo and the nipple of the parent, and they regarded the thyroid gland as the rudiment of the organ from which this vascular connection was produced. To elucidate this interesting subject, recourse was had, in the Zoological Gardens, to direct experiment. A female, submitted to the coitus, was removed into a separate cage, and her pouch was carefully examined every morning and evening. On the morning of the thirty-ninth day, an embryo was found adherent to one of the nipples by means of its circular sucker-like mouth. It did not exceed one inch in length, was transparent, vascular, and more like an earthworm than the embryo of an animal which, in its adult state, measures six or seven feet in height.

The next question that arises relates to the manner in which the embryo is developed within the uterus. The evidence upon this question is contained in the two preparations now before us; in the one, the development has proceeded to the twentieth or twenty-first day; and in the other, to the thirty-fifth or thirty-sixth. In the first, the embryo is contained in a large, thin, and unvascular chorion; within this is a large and transversely elongated sac, intimately applied at one point to the internal surface of the chorion, where it is brought in contact with the vascular surface of the uterus. This internal sac is extremely vascular, and is folded into plaits which are received between corresponding plaits of the internal surface of the true uterus. The vessels ramifying upon the sac are the omphalo-mesenteric. This is the only membrane which exists at this period; and the embryo at this point is perfectly analogous to the embryo of the bird previously to the development of the allantois. In the bird, as soon as the extremities begin to be observed, the allantois commences to be developed. So in the Kangaroo, co-existent with the formation of the true kidneys, the allantois is produced for the purpose of receiving the secretion of those organs; in its growth it carries with it some branches of the hypogastric vessels, but remains permanently of small size. If the embryo of the kangaroo be compared with that of a rodent animal, a remarkable difference, commensurate with their relative functions in the embryonic state, will be observed. In the embryo of the kangaroo the heart is completed, the ductus arteriosus is obliterated, and the foramen ovale closed, while the lungs are of enormous size. The chorion is wholly non-vascular, as in birds.

Pachydermata.—In these animals the chorion is more or less villous over its entire surface, but there is no true placenta or cotyledons. In the common hog, at about the eighth day after being received into the uterus, there are distinct traces of the embryo; the vitellarium assumes an elongated form, constituting a cylindrical sac, which is attached by filaments to the internal surface of the chorion. On the thirteenth day, the allantois makes its appearance, consisting of two layers; an internal or mucous membrane, which remains of small size; and a vascular membrane, which, quitting the inner layer, increases very much in size, and comes in contact with the chorion. The villi of the chorion are received into corresponding depressions upon the internal surface of the uterus, and into these the vessels from the allantois are prolonged. Between the villi, when injected from the chorion, numerous unvascular spots will be observed, which correspond with uninjected plexuses of veins.

Ruminantia.—In all essential particulars, the structures concerned in the phenomena of development resemble those of the hog. The vitellarium (umbilical sac of man) becomes elongated in the same manner, and separates into two layers, of which the external or vascular extends rapidly to the internal surface of the chorion. The vessels, however, are not distributed equally over the surface, but are confined to particular spots. Corresponding portions upon the internal surface of the uterus become enlarged, and present deep fossæ, into which the prolonged vessels, with the chorion, are extended, constituting the cotyledons or placentulæ. The camel resembles the pachydermata, having no cotyledons (as do cetacea); while the rest of the ruminant order, the cow, the sheep, the giraffe, possess this earliest form of placenta. Before quitting this order, it would be interesting to remark upon the peculiar modification of reproduction which occurs in the roebuck, as observed by Pockelts. The period of the rut is the month of August, when the female is impregnated; but she does not bring forth her young until the succeeding April. It has been a subject of astonishment, that so small a species should have so long a pregnancy, while the fallow deer produces her offspring in six months. It has, however, been observed in the former, that the internal generative organs remain in their inactive and unimpregnated state until the month of December, before any change ensues. At the latter period the ovaries become vascular and distended, the ovum enlarges and bursts from the ovarium. This remarkable suspension of activity between impregnation and conduction is wholly unexampled in the animal kingdom, and is very interesting.

Rodentia.—In rodent animals we find a single placenta; the rest of the chorion being vascular, but perfectly smooth. At an early period the chorion is lined by a distinct membrane, the endo-chorion, which is not a product of the allantois, but of the umbilical vesicle or vitellarium, which is of immense

size. The true allantois is small, and merely serves the purpose of conducting the hypogastric vessels to the chorion.

In *Feræ*, as in the cat, the placenta forms a hoop or ring which surrounds the middle of the embryo. The vitelline membrane bears the same proportions as in ruminantia and pachydermata, and possesses a somewhat three-sided form. The allantois is very analogous in these three orders of animals. In mammalia, the essential office of the allantois, is to convey the vessels of the embryo to the placenta; and this is effected without burthening the umbilical vessel, which is connected with the alimentary canal, and has other important offices to perform. In this case, it is not the entire membrane which effects this object, but merely the outermost layer. In Feræ, the maternal portion of the placenta is deciduous, and not persistent, as in ruminants. It is also different in structure, and consists of vessels terminating in capillaries which become dilated; offering a first indication of the cells of the human placenta.

In *Quadrumana*, there is but a slight development of the vitellarium, which disappears early, and no trace of its existence is apparent in the fully-formed fœtus. The allantois reaches the usual extent of growth, the mucous layer remaining of small size. The vascular layer is provided with a number of large and closely-aggregated vessels, and constitutes the endo-chorion. The placenta is very similar in structure to that of man, but is bilobed; the uterine veins of the maternal portion, however, fortunately possess stronger coats than those of the human being, and may be more easily traced from the oblique apertures upon the internal surface of the uterus into the cells of the placenta, where they receive the capillaries of the fœtal system.

The human ovum, described in accordance with these analogies, is found to consist of a chorion; an amnios; two closed sacs;—the one of a yellowish colour, globular or pyriform in shape, and called the umbilical vesicle, corresponding with the vitellarium or yelk-bag of other animals;—the other, small, flattened, and triangular, or pyriform in shape, called by Pockelts, from its colour, the vesicula erythroides; it is situated externally to the amnios, and is connected with the umbilicus by means of a pedicle. There can be no question with regard to the homology proposed by Baer, in the analogy of this latter vesicle with the allantois. Baer describes the separation of the layers of this membrane, and the extension of the whole of the external or vascular layer, to the internal surface of the chorion, carrying with it the vessels of the embryo. Velpeau and other writers, in the ovum of two months, indicate two layers to the chorion, the exochorion and endo-chorion. The latter is no essential part of the chorion, but a development from the embryo; it is, moreover, no special part, for it is sometimes an extension of the umbilical vesicle, as in the rabbit, and sometimes a layer of the allantois, as in the pachydermata. In the human ovum this layer is extensively developed, in Feræ and Rodentia there is merely a trace.

In the human being, a peculiar membranous layer, resembling coagulable lymph in its structure, is prepared by the uterus for the reception of the ovum from the Fallopian tube. The ovum gradually presses this membrane before it at one point, and obtains a proper investment. That portion of the uterus which lines the uterus is called the decidua vera, and that which surrounds the ovum the decidua reflexa: the cavity of the decidua, forming a kind of water-bed for the ovum, is filled with a sanguineous fluid. This cavity has been called by physiologists the hydro-perionic cavity, and the fluid which it contains the perionic fluid. The peculiar structure of the decidua, with its characteristic palmated vessels, we must leave without the notice which they deserve, from the absence of the necessary time to go into their details.

Mr. Owen observed, at the conclusion of his lecture, that he hoped he had succeeded in making clear that which was known upon the subjects in which he had been engaged. With regard to the opinions which he had expressed upon the nature of those primitive sacs, the vitellarium and allantois, he had arrived at his conclusions from careful examination and observation; and he had no hesitation in asserting the truth of his expressed views as to their nature, as well as to that of the endo-chorion.

LECTURE XXIV.

In the preceding lectures have been discussed, the nature and mode of production of the appendages of the ovum, and of the formation of the membranes of the embryo, together with the progressive development of the fœtus within the uterus, and its means of nutrition. We next traced the modifications which these phenomena presented in the different orders of vertebrata, and observed how far the more apparent structures in the egg of the bird could be compared analogically with the more complicated apparatus of the human ovum. There is no subject from the study of which, in the numerous works on embryology, the student will arise more oppressed by the difficulties and complexities by which it is surrounded, than the one which is now before us. These difficulties principally depending not so much upon the great number of names which have been given to the various parts, as upon the application of these terms by different writers to different parts of the ovum. The analogies of the various structures, moreover, are subject of dispute, and frequently their very existence. The presence of an allantois in the human subject has been questioned, as if it were possible that the vessels of the embryo could be conveyed to the chorion without this apparatus intended expressly for that office. The analogies of the chorion have been greatly assisted by the discovery and dissection of the ovum of the Ornithorynchus paradoxus, wherein we find an external tunic, corresponding with the membrana testæ, and representing the chorion of mammiferous animals. Within this membrana testæ is the albumen, and then succeeds the vitellus inclosed in its vitelline membrane. During the progress of the development of the embryo, two sacculi are evolved; although we cannot correctly make use of the term evolved in relation to the yelk-bag, for it is evident that it precedes the formation of the embryo. The other sacculus becomes subsequently the allantois. In the Cat, and throughout the order Feræ, we have seen the yelk-bag elongated in form, attenuated towards each extremity, and provided with the ramifications of vessels which we know to be the omphalo-mesenteric. Then, near the posterior part of the digestive canal, another sacculus is produced, which advances rapidly in growth and separates into two layers. The internal layer soon becomes arrested in its enlargement, while the external extends to the internal surface of the chorion, and by means of the vessels which it carries upon its surface, seems to organise the placenta.

The placenta we have seen to present a great variety of forms; from the simple membranous chorion of the Sow, covered over every part of its surface with small papillæ, to the numerous cotyledons of ruminants; the hoop-like arrangement of the Cat; the bilobed placenta of quadrumana; and the single-rounded disk of man. In birds, marsupiata, and monotremata, the vessels of the embryo do not extend beyond the vascular layer of the allantois. Among the higher mammifera they shoot into the chorion, terminating in capillaries, and ramifying upon the cells containing the blood of the parent, where a chemical and vital endosmosis takes place, and the nutritious elements are obtained from the maternal blood.

In the Rabbit, the vitellarium increases in size with a rapidity which equals the ordinary growth of the allantois, applies itself to the internal surface of the chorion, and distributes its vessels in contact with that membrane. But in this case the vitellarium does not proceed completely around the embryo, one portion still remains uninvested; and it is through the corresponding gap, that the diminutive allantois proceeds to the unoccupied part of the chorion and forms the placenta.

In pachydermata, as in the Hog, the allantois is of large size, and very extensive, carrying the vessels to the numerous papillæ of the chorion which represent the placenta; for in this order there is no distinct organ performing the functions of a placenta. Among Feræ, the allantois is also of large size, for the purpose of conducting the vessels to the hoop-like placenta which surrounds the body of the embryo.

In the human being the amniotic cavity is remarkable for its large size; the vitellarium is always small, and the mucous layer of the allantois is also small. The vascular layer is prolonged to the internal surface of the chorion, and up to the second month is susceptible of being detached from that membrane. It is this layer which constitutes the endo-chorion. The endo-chorion in the human subject is sometimes formed by the vascular layer of the allantois, and sometimes by the vitellarium, it is consequently no definite structure. Besides the membranous and vascular coverings, which are common to man with the rest of animals, one larger formed within the uterus is peculiar to the human being, the decidua. The decidua is analogous to the shell of birds, and to the external membranous and soft covering of some of the lower vertebrata; and perhaps may be regarded as the link of transition between these two structures.

Analogous, in some respects, to the human decidua, are the gelatinous coverings which are found investing the ova of the molluscous tribes, such as the compound nidi of the buccinum, the murex; and not dissimilar are the compound nests of many social insects, as the comb of the Bee, or the nidi of some of the lepidopterous tribes. One of the most remarkable of the defensive investments of the insect tribe, and one which is analogous to the pouches of the marsupiata, is the elongated case of one of the lepidoptera, which is lined in the interior with a soft and downy layer of silk, and covered externally with an aggregation of small pieces of dried stick and wood, so as to resemble the branches of the trees among which it is suspended. Another method of protection to the ovum and the embryo is seen in the skilful nests excavated in old and decaying timber by the Xylopifer, or Carpenter Bee. Many fishes, as the Salmon, dig deep burrows in the sandy bottom of the shallow streams in which they reside. Some of the reptile tribe, as the Crocodiles, burrow in the sandy banks of the rivers in which they live to bury their eggs. The green Turtle digs a trench fully two feet deep for the same purpose. Among insects are to be found similar instances, as in the common Lytta vesicatoria, which burrows in the soil to secrete its ova. The great blind Snail forms subterraneous chambers, of a pyriform shape.

Among fishes we have a remarkable example of the building of a nest analogous to that which is formed by birds, in the Gobius niger, which fashions its nidus among the sea-weeds; and, after depositing its ova, watches them with maternal care until they are hatched. This example is the more interesting from occurring in a class of animals remarkable for their indifference towards the young. It is a fact, first pointed out by Aristotle; and subsequently confirmed by several naturalists, familiar with the Mediterranean sea.

The formation of artificial nests is most common among birds, in which class there are very few exceptions to this instinct; the most remarkable of these exceptions is the Cuckoo, which lays her eggs in the nests of other birds; like the Ichneumon fly, among insects, which deposits her eggs sometimes in the ova, but more frequently in the bodies of the larvæ of other insects: in this act a kind of instinct enables the mother to avoid the important viscera of the larva, the injury of which might be destructive of life too soon for the purposes of her own offspring, and she rarely places them deeper than the adipose tissue, from which, during their development, they draw the necessary warmth and nourishment; the Cuckoo having deposited her egg in the nest of some smaller bird, as the Sparrow, leaves it to be incubated by the foster parent; while the young Cuckoo, soon after being hatched, tumbles the young of the Sparrow from the nest. Some physical cause for this peculiar instinct in the Cuckoo has been looked for by naturalists, such as the peculiar position of the viscera, but without success. From the observations of a recent naturalist, it would appear that the interval between the deposit of each egg is very considerable, as much as eight or fifteen days. If the parent built her nest, and laid her eggs, and afterwards incubated them herself, she would be detained for a great length of time before their exclusion; and, again, for a considerable time after this period, for the young leave the egg prematurely, and require to be fed for a great length of time before attaining that power in themselves: the young of the Cuckoo are smaller than those of any other bird at the time of hatching. Now, the food of the full-grown Cuckoo is a certain kind of hairy caterpillars, which abound only for a short space of time during the summer

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season, and upon the scarcity of this food in this country the Cuckoo is compelled to seek it in a warmer climate; the young, on the contrary, devours most voraciously all the food which can be procured for it by its foster-parent, and demands her whole attention.

With reference to the building of nests, it will be interesting to select some few of the most curious and remarkable facts which can be noted in a cursory glance at so extensive a subject. Nidification is most imperfect among polygamous birds, and they are constructed wholly by the female. Among the monogamous tribes, the male assists, by collecting and bringing the material to the female. Some polygamous birds, as the Struthious genus, possess a common nest, which is resorted to by several females; such is the case with the Ostrich of Africa, the Rhea or Cassowary, and the Emu. In these birds it has been observed in our Zoological Gardens, that it is the male and not the female that incubates the eggs; a peculiarity which reminds us of the instance among fishes of a marsupial pouch developed in the male, for the reception and incubation of the ova.

Some birds build their nests close to each other, and in this respect they resemble the social nidi of some of the molluscous tribes and insects; the Penguins make holes in the sand, and incubate in large clusters; the Ploceus granivorus constructs a compound nest, which resembles the roof of a thatched building among the trees. In the tropics, many of the smaller passerine tribes adopt the most ingenious contrivances for escaping the depredations of Monkeys, Serpents, and their other numerous destroyers; the Parus pendulinus suspends its beautifully-constructed nest by means of a delicate thread from the branch of a tree; the Tailor-bird sews leaves together with filaments of cotton to construct her nest; but nests are not exclusively the production of birds: there are numerous instances also found among mammifera, especially in that order which so nearly resembles birds, in the smallness of brain, the rapidity of circulation, and activity of muscular movement, the Rodentia. A very perfect nest is constructed by the harvest and field Mouse.

The next kinds of nests that we have to examine, are those which are formed at the expense of living plants or animals, or are developed upon the body of the parent. Of this class are those curious productions occasionally found on plants, which are the result of a process analogous to adhesive inflammation in animal tissues, caused by the insertion of the ova of an insect into the substance of a bud. Such are the galls produced by the Cynipes, and that remarkable growth seen upon the rose, and occasioned by the Cynips rosæ. Animal structures are not unfrequently made the nidi of oviposition for insects, as the integument of the back in cattle, the legs and breast of the Horse. In these cases the ova of some species of fly are taken into the alimentary canal, so that the stomach of the Horse becomes a kind of uterus in which the ova of the Œstrus equi undergo a part of their development, and become larvæ (bots). The alimentary canal of the Ox again acts as a marsupial pouch to the Œstrus bovi; and the nasal passages of the Sheep as a nidus to the Œstrus nasi.

In some of the molluscous tribes the ova are inclosed in a membranous investment formed by the protrusion of the ova into a secretion of mucous matter; and in certain instances these bags are afterwards rubbed off by the parent, and suspended to a bag of air which serves them as a raft; in one species of Leech, the nidus of the ova remains attached to one part of the body of the animal; in a water-insect, the Nepa, the ova are inclosed in capsules, which are attached to the dorsal surface of the body, and remind us of the Rana pipa; in spiders, these capsules of ova are connected with the body, and carried about with the animal.

The crustacea present this marsupial disposition in a part of the body in great variety. In the parasitic species, as the Lernæ, the ova are propelled into a film of mucus, which becomes increased in quantity, and more and more dilated as new ova are added. In some a true development of the tegumentary system occurs, as in the Opossum shrimp; and throughout the class there are numerous laminæ furnished with ciliated appendages, which serve for the attachment of ova. These are found in great number upon the inferior surface of the caudal segments of the common Lobster, or beneath the broad and widely-spread caudal segments of the Brachiurous crustacea.

In fishes, although, from their general habits, an apparatus for the protection of the ova can be scarcely anticipated, yet, as we have already seen, one genus forms a true nest, and the parent watches for its defence; so in an entire order, the Syngnathi and Hippocampi, we find in the male a remarkable marsupial pouch, into which the ova are received and incubated. No such disposition of the tegumentary organs exists in the female.

The ordinary situation for the location of ova, for their defence, is the abdominal surface of the animal, but numerous instances exist in which this position is reversed. As, for instance, in the Surinam Toad, where the young have cells of protection upon the dorsal surface of the body. Before the exclusion of the ova, there is very little trace of cells in this situation; in what manner their growth is determined is not known, probably by some process analogous to adhesive inflammation. In one species, the Bufo obstetricus, the male assists the female in the processes connected with the production of the ova. These dorsal cells of the Toad are seated exclusively in the integument, and in them the embryos go through all their stages of development. There is no difference in the mode of growth of these embryos and the water batrachia; they are similarly provided with branchiæ, and pass through the usual changes.

Among marsupiata, the marsupial pouch presents every variety of gradation. In a species of Opossum, of very small size, there are merely two longitudinal folds in the usual position of the pouch. In another species, with extremely long legs, so placed that the anterior part of the body is always lower than the posterior, the marsupium opens posteriorly.

Mammary Glands.—The marsupium always contains the nipples, and the number of these corresponds as in most animals, with the relative number of the young. In the Opossum, which produces a great number of young, there are thirteen nipples, twelve in a circle, and the thirteenth central. In the Kangaroo, where rarely more than one young is brought forth at a time, there are four nipples, two being larger than the other two. Mr. Morgan has observed, that in the young female there is no trace of nipple, that there are merely follicular depressions, and at the bottom of these are situated the nipples; this condition is permanent in the male. The cremaster muscle in the female is spread out over the gland, and by means of its pulley-like action around the marsupial bones, is enabled to act forcibly upon the gland. Besides these, there are muscular fibres which form a complete investment for the nipples, and are continued onwards to their points.

The young of marsupiata are furnished with a circular mouth, perfectly adapted for holding the teat; while the muscular action around the gland propels the milk into its cavity. The form of the fauces and œsophagus, moreover, corresponds very accurately with the function which it is intended to perform at this period. The opening of the larynx is protected against the entrance of the milk, by the elongation of the arytenoid cartilages, and their extension as far as the posterior nares.

In the nearly allied order monotremata, as in the Ornithorynchus and Echidna, Meckel has stated that there is no nipple; but, in place of that, a circular area, perforated with sixty or eighty openings, which lead to an equal number of dilated follicles, situated beneath the surface. From the peculiar form of the Ornithorynchus, with its lengthened beak, Geoffroy St. Hilaire maintained the inapplicability of its mouth for sucking, and suggested that the mammary glands must be intended for the purpose of secreting a mucous or albuminous fluid, like the crural glands of the same animal, or like the mucous glands of some reptiles, or the glands situated near the tail and upon the flanks of the Shrew. The subject was involved in doubts of this kind, when Mr. Owen commenced a series of dissections, for the purpose of determining the relative development of this gland and of the ovary. During these observations, he found that the mammary gland had advanced about two-thirds in its enlargement when the ovary had attained its full sexual growth, and that the relative phases of development in the two corresponded very accurately. Since that time, Captain Philip Parker King has procured some of the milk from this gland. Again, from the singular form of the mouth, with its bird-like beak, in the adult, no anatomist could be warranted in asserting that the form of the mouth in the embryo must be the same. Mr. Owen, in a preparation of an embryo in the museum of the Zoological Society, found the tongue broad and large, and surrounded by a thick and vascular margin, which afterwards became developed into the mandibles. This kind of mouth is well adapted for applying to the openings which represent the nipple. The gland, like that of marsupiata, is surrounded by a thick muscular layer, which assists in expressing the milk. In Cetacea, whose form, the medium in which they live, and the absence of apparent nipples, would indicate at least great difficulty in lactation; a muscular layer is also found surrounding the mammary gland. Our knowledge of the anatomy and structure of the mammary gland has been lately much enriched by the labours of Sir Astley Cooper, the results of which have been communicated in his classical and beautiful work; in which have been carried out, so ably and so well, the observations already commenced by Hunter.

In ruminants, those large reservoirs are well seen which contain the milk previously to its emission. In the fœtus of this order the nipples are six in number; of which two remain rudimentary, or disappear; while the remaining four increase in size. In the Rabbit the mammary glands are very long, extending the whole length of the abdominal surface of the animal, and are provided with numerous teats; the secreting structure and excretory ducts of each nipple being independent of those belonging to the next.

The ordinary situation of the mammary glands is abdominal. In the cetacea they are placed near the vulva. In quadrumana and cheiroptera they are pectoral, extending in some of the larger bats into the axillary regions. It is, however, singular to find the pectoral disposition of these glands amongst the inferior mammifera; as in the Elephant, where the mammæ are situated between the fore-legs; and in the Dugong, which Cuvier classed with cetacea, but which more correctly belongs to the order pachydermata.

As we have found mammalia to trench upon the limits of birds in the formation of nests, so, also, in some birds, as in the common Pigeon, there exists the power of secreting a nutrient fluid for the young, which resembles, in its appearance and properties, the milk of mammalia. The situation of this secretion is the ingluvies or crop, whence it is raised by the parent to assist in the nourishment of the young.

Hunter's series of preparations, illustrative of the organs of reproduction, conclude at this point; and with them the fourth year of the lectures of Mr. Owen. During this period the organic functions have been illustrated, and there remains yet for consideration, in subsequent years, the osseous, muscular and nervous systems, and the organs of sense.

Pari passu with the preparations for these lectures, Mr. Owen observed, that he had been engaged in arranging the catalogue of the Hunterian collection; four volumes had appeared; the fifth and remaining one, he was happy to state, was in the press, and would be published in the course of a few weeks. Until another season, should he still hold the honourable position which he then occupied, he wished his hearers health and happiness.

ANTIDOTES TO ARSENIC.

In a recent number of the *Medicinische Annalen* is reported a case, in which the hydrated peroxide of iron was successfully administered to five persons, three of them children, who had taken soup containing arsenic, and who exhibited the usual symptoms of arsenical poisoning.

In the *Medico-Chirurgical Review* (October 1840), two cases are related by Mr. Serph, of Welshpool, in which the *carbonate of iron* was successfully employed. In one of them a boy of twelve had swallowed about a scruple of arsenic, and in the other a man had *rubbed* himself freely with a strong solution of arsenic and sulphate of copper; both of them presented the usual symtoms of poisoning with arsenic.

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CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XXIX.—MESSRS. SWUBS AND OKES CHANGE THEIR QUARTERS, AND MEET WITH VARIOUS DIVERTING SCENES.

If we allow a lapse of six or seven weeks to elapse in our chronicles, it must not be supposed that during this time our friends were idle, or forgetful that they had come to Paris for self-improvement. On the contrary, by the recommendation of Huggles, they had quitted the Hotel Corneille, and entered into furnished lodgings; they had also enrolled themselves as pupils for the various lectures and hospital practice; and, though last not least in importance, they had commenced, with steady perseverance, to take lessons in French of an under-master at a neighbouring school, who lived at the top of a high house in the Rue Hautefeuille, and, to the great amazement of his pupils, breakfasted every morning upon plums and sour wine. In fact, Swubs and Okes were beginning to assume the character which we have before agreed every medical student ought to be—not a professor-worshipping *potterer*, or an idle profligate, but a good-tempered fellow, always ready for whatever fun might turn up, possessing a happy knack of suiting himself to every circle chance may throw him into,—noisy in a row, and gentlemanly in society; at the same time, never forgetting that education and refinement are literally the chief attributes of his profession; and that, in future practice, he will find a good address, and a ready *tact*, his first passports to a successful career. A man may be a sound pathologist, and intimately acquainted both with the theory and practice of medicine, yet will he stand but a poor chance of superiority against another who has mixed with the world; and, what is of far greater consequence, adapted its most agreeable manners as they vary with the tone and spirit of the time being.

As the wish of our two friends was to stay as long at Paris as they could contrive to do upon a small outlay, they migrated from the Hotel Corneille, in company with Huggles, to a lodging-house in the Rue des Mathurins, St. Jacques, being principally attracted thither by the promise of a neighbouring restaurateur, whose name was Martin, and who lived (and probably still does) next door to the Hôtel de Cluny, to find them in breakfasts at sixteen sous, and dinners at one franc and five sous; the breakfasts comprising two plates of meat, at choice from the *carte*, a *carafon* of wine, a dessert, and bread at discretion; and the dinners consisting of a bason of *potage*, three plates, wine, dessert, and bread as before, with the addition of a salad. "Well," remarked Swubs, the first day he dined there, "this is cheap living with a vengeance, and I have no doubt we shall thrive wonderfully upon it. I don't exactly know, though, what we are eating."

"And I'm sure I don't care," rejoined Huggles. "If we *are* feeding upon the limbs of unhappy cats instead of stewed rabbit,—if the *biftek* is cut from the *glutæus* of a horse, what does it matter? It satisfies our appetites, and it suits our pockets, so that we have no right to complain."

And so they agreed that everything was very good; and that the master of the establishment might, if he chose, cut dogs up into mutton-chops, so long as he did not inform his customers of the circumstance.

The rooms Huggles bargained for, at fifteen francs a month each, were all on a floor, on the *quatrième étage;* it was high, to be sure, but there were others still higher, and they enjoyed purer air than down below, with the privilege of making a greater noise if they were merrily inclined. The furniture was simple and scanty, but there was enough. They had each a fine looking-glass, with a marble slab before it, the use of a pair of bellows, a vase of artificial flowers from the stalls on the northern *boulevards*, and an alabaster clock, which did not go,—one of those "grand prizes" that are offered in the two-shilling lotteries at our travelling bazaars, which some lucky person wins the first night it opens, and the succeeding adventurers get nothing but German-silver salt-spoons, cocoa-nut inkstands, and boxes of soldiers, with an occasional backgammon-board, or pair of glass earrings. The red bricks of the floor were well polished every morning by the industrious *frotteur;* and it was only having learned to slide on the enclosure in the Regent's Park, during the winter months, that enabled Swubs, Okes, and Huggles to walk steadily across the room from one end to the other, without their heels slipping away from under them. When they gave a party, they agreed to borrow one another's chairs, and they laid in a store of cheap white crockery against such state occasions, when, somehow or another, they always found two or three pretty girls, friends of Mademoiselle Eulalie, to come and superintend making the coffee, buying the wine and tobacco, or mixing the brandy-and-water.

A little time elapsed before they became acquainted with the other inmates of the house; for the *concierge* was a woman of a grave and solemn bearing, who held our friends rather in dudgeon, because they were always bringing home hands, feet, knee-joints and other anatomical abominations from the Clamart. They gradually became acquainted with their neighbours, however, and with their names also, by reading the addresses on their letters, which they saw when they hung up their own key in the lodge upon leaving home in the morning; and they, moreover, grew a little intimate by occasional rencounters on the stairs. The proprietor himself was named Bouton; he was a little, fat, chubby, irritable man, who always looked very hot and greasy, as if he carried butter in his hat, and allowed it to melt down his face gradually. The students sometimes heard the lodgers speak of a Madame Bouton, but they never caught a perfect glimpse of her; although sometimes, when they returned from the balls at the Prado, Swubs and Okes saw a strange, wild-looking female, with a red handkerchief tied round her head, in close conference with the *concierge*, over some mysterious compound of bread, fat, and hot water, which they had been concocting. Where on earth she got in the day, they never could make out; but, as they occasionally saw her in the Parvis Notre Dame, near the Hôtel Dieu, they entertained a suspicion that she had something to do with the hospitals, but whether as nurse or *sage-femme*, they could not determine. As for Huggles, he declared that she blacked shoes and emasculated cats and dogs upon the Pont Neuf; but he probably spoke with a prejudiced mind, as he entertained a deathless antipathy to all old women who tied handkerchiefs round their heads, because he said it put him in mind of country midwives at lingering cases, in the middle of the night, where the doors of the cottages did not shut very closely. This was the retrospection that annoyed him; and certainly a scene of Paris life and gaiety does not bear to be mentioned in the same comfortable breath with a pauper union labour.

The lower parts of the house were occupied by very unmeaning people; they were *commis*, or clerks, in the establishments of the neighbourhood; people living on trifling incomes; too little for any but a French family to subsist on; and lecturers connected with the Sorbonne and Ecole Pratique. Higher up, resided a young artist, of whom we shall have to speak more fully presently; then came the room of a very wheezing old lady, who had a fat dog that was always running about upon the landing, and which luckless whelp Swubs always kicked down to the next floor when he encountered it; and above them, the fifth story and *mansardes*, or attics, were populated by more *grisettes*, actors, *flâneurs*, and artisans, than any one would have supposed the rooms capable of containing. In fact, the house was so tall, and contained so many inmates on its different floors, that it might be represented by the image of a London street, turned up on its end, so as to make all the houses one above another. But, after all, it was a perfect specimen of the *Hôtel Meublé*, or French furnished lodging-house.

The room which Huggles had engaged for himself was rather the largest of the three, and so, it was made the general *salon*, where our friends regularly assembled in the daytime. And a gay time they had of it. Being all three equally inclined to conviviality and company, from the early period of the harmonic meeting at the Hawarden Castle, in Gower Place, duly chronicled in a former portion of our confessions, they were never without society. Although pretty regular in their attendance upon Roux and Lisfranc, at the Hôtel Dieu and La Charité, they never missed the Chaumière; and, after the balls, generally brought home two or three students and their "wives," for an after-evening. Then great hospitality was shown. Egg-flip was brewed, melons were consumed, and songs were sung until the lodgers below were sometimes known to knock with their pokers against the ceilings, in order to intimate that they were desirous of going to sleep, which salutes, as they were termed, Swubs always paid them the compliment of returning with double force, until the very furniture shook with the impetus. Nay, one evening, they went so far as to hire a piano-organ of an Italian boy, who was jingling it opposite the house when they arrived at home, and then they danced, and capered, and chorussed to such a degree, that Monsieur Bouton, the proprietor, rushed desperately into the street, and brought up two of the municipal guard to quiet the hilarity of his lodgers, which, at last, they succeeded in doing, amidst numerous insinuations respecting Waterloo, Moscow, and Trafalgar, which Mr. Okes, rather boshy, and seated on the top of a secretary, with a *grisette* on one side of him, and a tumbler of flip on the other, persisted in indulging his hearers with. It was during their residence here that the chief events of their Parisian life occurred. Like the events of all other life, they varied from gay to grave, and if the farce we shall next discuss, connected with their doings, is followed by a sad tragedy, it will but be a faithful report from the theatre of their world, although, to be sure, the order of performance is reversed.

ROCKET.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members, on Friday, August 6, 1841:—Jonathan Wilson; Lowry John Monteith; Adam Gordon; William Augustus Soy; Joseph Walmsley; Charles McShane; James Atkin; Samuel Payne Chennell; Graham Lacon; Richard Dawson; Amerly Allcock.

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SIDE-SLIP FOR QUACK'S CORNER.—NO. XI.

"He starves at home; or practises, through fear of starving,
Acts which damn all conscience here."
Anon.

"The strolling tribe, a despicable race,
Like wandering rats shift from, place to place."
Anon.

AURISTS.

As for the books of Aurists, and the exclusive treatises of the day by professed aurists, they have been got up chiefly of materials furnished by the principal anatomists and surgeons. One of these books which, it seems, was considered a leading work, and which, *somehow*, has passed through several editions, is a bald and miserable compilation, chiefly from Bell's Elements of Anatomy, and Mr. Saunders's Essay. We have seen others affecting a pretended acuteness and depth of observation, full of ideal refinements in theory and practice, minute distinction without a difference between one kind of case and another, and a finical parade of difficulties and cautions, which for 20 years we have been convinced, by our own considerable experience in ear cases, and our own particular investigation of them, could never have existed but in a disordered imagination, with a lying tongue. They are not purely the fruit of their own invention and mother-wit, but are artfully enough so devised, as to impose false notions solely of the great necessity of aurists, and their superfluous and ill-adapted subdivision of labour upon the public mind. To add to the paltry humbug of their contemptible publications, the rules of treatment, which are so vaguely and obscurely *glossed* over, and so purposely *disjoined* from the imaginary diseased states to which they relate, that these effusions are meant obviously for no other end than alluring and wheedling poor, weak, credulous creatures, and working on their excitable imaginations, until they victimate themselves to these astute scribblers and advertisers. These patients, safe in their trap, soon find that the truth was suppressed in their tracts and treatises, not only in such a manner that you can make nothing of them, either practicable or applicable, but because the aurist knows very well that he could disclose nothing more than those trite and common remedies which everybody, with common understanding and information, knew before. The best of the joke is, that their practice very *rarely* or *never* succeeds! In a few words, English subdivisional and exclusive aurists are not one remove from the lowest and most worthless species of RANK QUACKS. It is a very disgraceful breach of Medical Ethics, and of medical respectability and dignity, for a regular practiser to let himself down by attaching "Aurist" to his name, and other qualifications, for "once" an aurist *always* an aurist, is the public decision, and nothing else. It is not the practice of the Traverses, Greens, or Lawrences, or any respectable surgeon, to append even "Oculist" to their common denomination.

Nothing can afford a stronger sign of the inferiority of their capacities, and the poverty of their invention, than this their system of book-making, which we shall further expose in our future SKETCH of the BOOK-DOCTORS, by robbing great men's books, and sucking great men's brains, and so filching the science which they ought to acquire by the labour of their own brains; by diligent pathological investigation into the healthy and morbid anatomy of the ear; by long and toilsome observation of symptoms, actions, and results of remedies established, and new or experimental; and by the comparison of cases and facts; and by not only these, but by all suitable processes and habits of professional thinking. But, instead of proceeding in this orthodox and legitimate manner, they have "slinged,"* and taken everything upon tick from the brains of their superiors, and passed off piracy and plagiarism for their own ISMS, or as the "Egomets-Egos" of their own peculiar craft. Our old editorial correspondent, during the days of *The Medical Repository*, the learned Dr. James Copeland, gives them a smart kick in the breech, for some of their scribbling chicaneries:—"Writers on diseases of the ear, with few exceptions," he remarks, "advise *various* instruments, *each finding fault* with those *proposed* by *others*, each *lauding his own* practice, and each *detracting* from the *merits* (*such* as *they are!*) of his *contemporaries*. In this, however, the DESPISED AURISTS do not stand alone; for all those who take a *single* organ under their especial protection (and what organ has not thus been distinguished?) belong to the same category, as they are most anxious entirely to appropriate the object of their adoption, and *evince* the *utmost rancour* to those who attempt to *encroach on their province*. Verily, of all EMPIRICS, the REGULAR, in respect of QUALIFICATION, is the most uncompromising, and *the most degrading* to medical science and the *character* of the Profession." (p. 156, part IV. *Med. Dic.*) He then says, that even Dr. Kramer, "has much of the SPIRIT of the CRAFT, but also with the science of the Physician, and severely criticises the writings of his contemporaries" in the Deaf Trade. (*See* p. 160.)

For our parts, we are delighted to see a man of such open discernment and sound professional honesty as the profound Copeland, pointing out the reciprocal conduct of these *fanfarons* towards each other. They are, apparently, killing and eating *their own mutton*, for all seems to indicate that the DEAF LINE OF BUSINESS is so bad, that, like cannibals and cut-throats, they have nothing left but their sweet selves, and their own carcasses, to prowl after and prey upon. When a craft of knaves fall out together, honest men have their own! With respect to the abuse and depreciation of each other's instruments, every man who has six years' hospital surgery, in the first schools of Europe, knows that every man uses *his own* familiar instruments best; that the manual awkwardness and ungainliness of others, who attempt to use them, without mechanical skill, or anatomical adaptation, is most in fault, and most deserving of blame; the defect lies, like a bad shot's, *behind* the instrument, and not *before* it! All extensive observations of manual surgery teach us these truths. Clumsiness, and want of dexterity, are not crimes, it is true, but they are great defects in the man, and great causes of detriment to the patients operated on. M. Itard made use of a large ear-catheter, which we have got, and he could introduce *his own* instrument with all the ease imaginable; but it is probable most others, by attempting the nasal passage and Eustachian tube, would not be one quarter so *au fait*; but, on the contrary, set the patient coughing, sneezing, crying, be-******ng, or bewraying himself.

(To be continued)

* Gloucestershire; for wool-stealing.

ADULTERATION OF SULPHATE OF QUININE.

IN 1831, M. Vallet made known the adulteration of this medicine by mannite, and showed that its presence was to be recognised by treating with absolute alcohol. M. Dubail has lately published an instance of the great extent to which this sophistication is carried. A druggist in Paris having purchased a quantity of sulphate of quinine, of a natural appearance, observed that it was deficient in bitterness, and had a sweet after-taste. On analysis, it was found to consist of five parts of mannite to one of sulphate of quinine.

M. Pelletier has found a large quantity of sulphate of lime (*plâtre*) in a specimen of sulphate of quinine bearing his own seal; so that the name, even of the most respectable manufacturer, cannot be taken as evidence of the purity of this drug.—(*Journ. de Pharm. Jan.* 1840.)

UNIVERSITY COLLEGE HOSPITAL.

HERNIA—OPERATION. CLINICAL REMARKS BY MR. LISTON.

W. W., aged 56, was admitted, Aug. 4th, under the care of Mr. Liston. He is a hackney-coachman, aged in appearance, and of spare conformation. Was admitted this morning, at twelve o'clock, under the following circumstances. He stated that, for the last twelvemonth, he had observed a small swelling in the left groin about the size of a nut, which went away occasionally when lying down, and reappeared on getting up again. It occasioned no other inconvenience than slight pain in coughing, and he had no suspicion of its being a rupture.

At one, P.M., yesterday, while he was unloading a coach, a heavy box slipped upon him, and the corner of it struck the swelling in his groin. Instantly he was seized with great pain and heat in the belly, and the swelling appeared to him to have become rather larger. As he had been subject to pains in the belly, he took some spirits and water, but, obtaining no relief, applied to a medical man in the course of the evening, who endeavoured to reduce the swelling, and told him he had partly succeeded in it, and recommended him to come to the hospital. His bowels having been constipated since the 2nd, he likewise took several doses of castor-oil; an aperient mixture and three injections had been administered, but without obtaining any evacuation.

Present Symptoms.—He has now, for the first time, been seized with vomiting, and brought up all the contents of the stomach. On examination, the swelling in the groin was readily discovered, and from its small size and situation, appeared to be a direct inguinal hernia. It occupied only the external abdominal ring, and could not be pushed into the inguinal canal; the cord was felt rather to the outer side. It could not be determined whether it was intestine or omentum which protruded, as the coverings seemed to be much thickened, and the impulse was not distinctly to be felt. There was scarcely any tenderness in the swelling, but the patient complained of considerable pain and tenderness in the abdomen; his countenance was anxious. Pulse 108, full and rather sharp. The house-surgeon, Mr. Taylor, attempted to reduce it, but failing in this, ordered the patient to be placed in a warm bath, and, as soon as he became faint, the taxis was again employed, but still there remained a small gland-like tumour, with its base firmly attached to the ring.

At two, P.M., Mr. Liston arrived, and at the same time the patient again vomited, and threw up about two pints of brownish fluid, having now more of a feculent appearance. The sickness and vomiting had now become frequent, and the pain and tenderness of the abdomen continued to increase. Impressed, therefore, with these symptoms, Mr. Liston decided upon immediate operation. The patient was placed on the operating table, recumbent, and the parts being shaved, Mr. Liston made an incision over the external abdominal ring, by transfixing a fold of integument raised between the finger and thumb. The layers, consisting only of superficial fascia and the fibres derived from the edges of the ring, were divided, and the sac exposed; this was thickened considerably, and concealed by a quantity of dense fat. A portion of it being raised by the forceps, was divided cautiously, as the apparent contents could not be separated so as to be distinguished at all. The opening having been enlarged, the sac was found to contain only a quantity of sero-purulent fluid and portions of recently-effused lymph.

After the operation, Mr. Liston called attention to the peculiarity of this case; he conceived that the symptoms, from their nature and severity, warranted cutting down on the parts; and he did so, in expectation of finding a small protrusion, perhaps part

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only of the calibre of the bowel, such as had occurred to him in a former case. In this instance, as appeared from the condition of the parts, inflammation and great thickening of the sac, extending to the peritoneal surfaces, had followed upon the injury, and very possibly a fold of bowel which had lain in the sac had been injured, and has either slipped back or been replaced by the taxis.

The patient was removed to bed, and bled to twenty-four ounces from a large orifice, before faintness was induced. Thirty leeches, followed by warm fomentations, were applied to the abdomen; two grains of calomel, and half a grain of opium were taken directly, and ordered to be continued every two hours.

Five, P.M. The patient is very restless, turning on his side, and vomiting again frequently. The pain and tenderness not much relieved. Pulse is now soft but rapid, 130, and rather irregular. Complains of heat and irritation in the penis, with slight strangury; urine scanty, and high-coloured. As the bowels were not relieved, he was ordered an enema of castor-oil, and compound infusion of senna, but no evacuation followed.

Nine, P.M. He is still very restless, but complains less of pain and tenderness, and there is very little tension or heat of abdomen. Surface cold; pulse rapid, irregular, and thready; respiration hurried and shallow; tongue coated with creamy mucus; his bowels have been relieved three times since the last report.

Eleven, P.M. The patient is evidently sinking; surface cold and clammy; breathing more laboured; pulse imperceptible at the wrists; he still vomits at intervals, and frequently hiccoughs. Ordered opium with ammonia and stimulants, but it was soon found impossible to rally him, and he died at half-past eleven.

AFTER-DEATH APPEARANCES.

The body was examined sixteen hours after death. The cavity of the abdomen having been laid open, the peritoneum presented the signs of violent inflammation in its parietal surface, as well as the omentum; the membrane being thickened, in some places opake, and inferiorly of a deep red hue. On removing the omentum, it was found adherent to the anterior wall of the abdomen, just above the neck of the sac. There was considerable effusion of turbid sero-purulent fluid, of a brownish colour. The intestines tympanitic, and deeply injected; in most parts coated with soft lymph, which glued together their convolutions.

On separating those opposite the neck of the sac, a portion of the ileum, forming two or three folds, was seen completely adherent to each other, and to the neck of the sac; their surface, thickly coated with lymph, easily peeling off, and displaying the highly-vascular serous tissue. Among the convolutions lay several caraway-seeds; and an opening was now sought for in the bowel. On separating the adhesions between the folds, a small perforation was found in that part of the bowel nearest the neck of the sac nearly the size of a pea, and circular. Some of the seeds still occupied the opening.

The coats of the intestines were generally thickened, and of soft consistence. The parts of hernia were dissected carefully, and the case clearly made out to be direct inguinal hernia. The neck of the sac was situated close to the outer border of the rectus muscle, and fully an inch distant from the spermatic process of peritoneum, marking the internal ring.

The epigastric artery pursued its normal course. On examining the hernial sac, its parietes had become glued together by recent soft lymph, and considerably thickened and condensed. The neck had been divided to the extent of a quarter of an inch.

At the inspection of the parts, Mr. Liston pointed out the nature of the case. From the train of symptoms and rapid sinking of the patient, connected with his previous history, he had been led to expect extravasation; for in such cases death generally took place within twenty-four hours from its occurrence. It was evident that the bowel had been ruptured by the blow, and slipping back into the abdomen, its contents had been effused there, and so caused the fatal result. Here no treatment could have been of any avail, nor was there reason to regret the measures which had been adopted; for it was an important rule in surgery, when the symptoms of strangulation commence in any case, in conjunction with a swelling in the usual site of hernial protrusions, that a further examination should be made without delay. He referred to a case in which the tumour had completely disappeared; the symptoms so far abated, but recurred; these increased in severity; and upon the patient's death a very small portion of one side of the bowel, not much larger than a pea, was found still entangled in the crural aperture. By this the intestine was confined to the groin: a much larger portion bore marks of having been recently strangulated. Here there was nothing to guide the surgeon, or to warrant him in proceeding to an operation.

THE MEDICAL TIMES.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 4.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

(Continued.)

IN France, there can be no question that the publicity of annual lists of the regularly-qualified, placarded on the doors and walls of all collegiate, scientific, and national institutions, hospitals, class-rooms, &c., has served, by omissions, to indicate those who are unqualified, and whose names are not to be found; and has, so far, acted as an accessary, but negative means of checking IRREGULARITY and QUACKERY. We have been informed that the legal profession is not registered at the stamp office, otherwise than by the annual certificates to practise, in the second place, after previous admission as solicitors in the Court of Queen's Bench, and that a heavy fee is then paid. The annual certificate from the stamp office, subsequently, is also taken out at a considerable charge, and what are called law lists are published, which is, in fact, a general registration, but gives no figures nor total numbers.

Clause 17, of Mr. Warburton's Bill, which provides that no person who is not registered, though he has a medical qualification, shall act as a medical practitioner in any part of the kingdom, is indeed some recognition of the principle of legislating against irregularity and Quackery. It is merely declared unlawful not to register, and, as Dr. M. Sinclair observes, no penalty being attached to the omission of registration, this provision is the declaration of a principle, and that's all; and, in all other respects, "quite nugatory and inefficient."

The duty of the registrar, according to Mr. Warburton's Bill, is to give the name, local habitation, and the branch or division of the profession in which he practises, and of every party practising medicine; also to give the name of every male partner, and his legal and other qualifications, in all firms; to give the names of such partners as do *not* hold a medical qualification. These form the first and second divisions. Chemists and druggists, who practise medicine in chief, are to be included in a third division by themselves; and some propositions, agreeably to the advice of the Hall, are made to educate them in the same manner as the *Pharmaciens* of France, and license them after strict examinations by the council; but, as this clause is voluntary and conditional, who would comply with it? No one! We shall revert to this subject elsewhere.

The fourth division consists of parties who practise "MEDICINE IN CHIEF," and are not included in any of the preceding divisions.

This is a division of the most sovereign importance. It is this division which will include the names, addresses, local residences, and specific numbers of the IRREGULARS or QUACKS, whom it is most indispensable to have clearly and correctly marked out and defined, in all essential particulars.

These several divisions are to be arranged in one alphabetical order of the names of persons, and a second, of the names of places where they reside.

It is proposed to publish annually, on the 1st Aug., the first and second divisions; but the month of October is preferable, for the reasons already stated in the last article.

Now it appears, by section 9 of this bill, that the REGISTER of the MEDICAL PRACTITIONERS, so far as the first and second divisions, is to be published annually in England, Scotland, and Ireland. But the Secretary of State for the Home Department may order the third and fourth divisions of the register of Medical Practitioners to be printed and published, so that the empirical lists may be submitted or suppressed.

Now these divisions, as Dr. Sinclair remarks, contain the druggists, quacks, &c., who practise "medicine in chief" without any medical qualification whatever.

We assert, over and over again, that it is most important that all druggists, irregulars, unlicensed, and quacks, their names, residences, and numbers, should be classed, described, and registered in distinct lists, for very many reasons. This has been a grand desideratum. Mystery and perplexity have hung over their numbers. But why the deciding power given over to the Secretary of State? Why is it not made a part of the peremptory provisions of the act? Why is a Quack-screening and sheltering power given to the passions, prejudices, and peculiarities, so may be, of the Home Government? Is it a fear of giving more publicity to irregulars and quacks? Is it a fear of injuring their cause and interests? We also observe that the associations talk of the *exclusive* registration of the *regular* practisers, but we require—we want—the WHOLE.

What we want, and what we shall call for incessantly, is a strict and thorough scrutiny of the WHOLE body of the profession,—of their orders, classes, titles, divisions, and subdivisions, legal and popular, and of their legitimate or illegitimate claims. We wish every possible precaution to be taken, in this important investigation, against misrepresentation, forgery, fraud, prevarication, and equivocation, all of which will be attempted, in

every way, to conceal IRREGULARITY and QUACKERY, and to defeat the ends of justice. We wish to see every attempt of the accessaries and accomplices also of irregulars and quacks anticipated and baffled, in all their artifices and chicaneries, whispers and insinuations, and various evasions and suppressions; we wish to see, in fine, the friends and admirers of these outcasts of society set at nought. To raise up their false, and conceal their real, pretensions, and impose them on the world for what they are not, is, no doubt, the design of their vouchers.

Without a close analytical and discriminating scrutiny, they can never be got at or developed as they ought to be. And here, again, we repeat, as there is not a trick nor device which will be left untried, by irregular and unqualified practitioners and quacks, under assumed, or usurped, or venal titles, to conceal their real denominations, and as there is not a doubt that many will produce false or forged qualifications, and that the whole of them, individually and collectively, will use every stratagem to give themselves the appearance and name of Regularity, the assistance and supervision of the regular profession, ought to be called to the aid of the registrars, and, if not called, take the voluntary office on themselves of pointing out, hereafter, who are regular or irregular. The post-office now affords such facilities, that we think a committee of three or more regular and respectable practisers might be obtained with ease to form a Commission or Committee of Inquiry into the qualifications of men in their particular localities, and so facilitate the registration, by specifying the special qualifications of each particular individual, and reporting every medical person correctly. All this would be undertaken gratuitously, and executed in a week. Every one who has been in the world, knows full well that unprofessional persons never take any interest in medical distinctions; and, from ignorance, call all medical men, quacks, surgeons, apothecaries, druggists, and what not, by the several denominations of DOCTORS. In the eyes of all classes, regularity and irregularity are confounded together. As this country has always been contaminated and polluted with Quackery, so are the popular principles of the English community, who are remarkable for ignorance, prejudice, and credulity, above all other nations in the world, except the Spaniards. If one word of this be true, how can unprofessional persons alone, with all kinds of deficiencies and peculiar biases, be expected to effect a discriminating registration. Whereas, the professional men of every locality have a precise and minute biographical and genealogical knowledge of every individual, and of his bringing up, in his *locus standi*, and a power to define his qualifications or deficiencies in exact and discriminating terms. With their assistance, it would be an expressive, accurate, and exact *catalogue raisonné* of the profession and all its members, with all essential particulars.

(To be continued.)

DISEASE OF THE ANTRUM.

ONE great peculiarity of the Maxillary Bone is, that it is hollow; the whole of it is occupied by a large cavity, so that the bone is merely a thin shell. This cavern is called the *Antrum Highmorianum*, or the *Sinus Puitaria Maxillaris*.

It is bounded *superiorly* by the Orbitar Process, which intercepts it from the orbit; *inferiorly* by the Alveolar Process and Molar Teeth; *internally* by the Nasal Process, Inferior Turbinated Bone, Palatine Bone, and the Nostril; *externally* by the Molar Process; *posteriorly* by the Tuberous Process; and *anteriorly* by the Facial or Atmospheric of the Bone. This cavity has, you observe, a large aperture in the unconnected state of the bone in its internal or nasal wall, which, as you see by these specimens, opens in the *connected* state into the side of the nose; but is then much diminished by the Nasal Process of the Palatine, covering over its posterior side, and by the Inferior Turbinated Bone passing across, and covering in its lower part; besides, the part which is left open by these bones is still further diminished, and frequently divided into two or three small apertures by the Schneiderian membrane of the nose. This passage is generally about large enough to allow of the introduction of a crow-quill, and communicates obliquely with the nose.

The Antrum reverberates the sound of the voice; so that the different undulations of the voice are rendered stronger and more distinct. Thus this cavity is akin, in its use, to the Frontal Sinuses, the Sphenoidal Sinuses, and Ethmoidal cells—all contributing to make the head lighter, and reverberating, in common with the nostrils, the sound received from the Fauces. With them it is also lined by one continuation of mucous membrane, which expands upon the whole of its inner surface; but, like the mucous membrane lining the Sphenoidal and Frontal Sinuses, it is thinner and less vascular than the Schneiderian lining of the nose, consequently paler in colour, and secretes less mucus.

Inflammation frequently attacks the mucous membrane of the Antrum, constituting what is commonly called the Antrum disease.

As the mucous membrane of the Antrum is a continuation of the Schneiderian of the nose, so it is subject to inflammation from the same existing causes as the latter, operating upon it by producing local irritation, as for instance a blow, the influence of cold, or a carious tooth; or inflammation may be engendered without our being able to attribute it to any precise cause.

One important circumstance necessarily connected with this inflammation is the swelling of the mucous membrane, which swelling produces a diminishment, or frequently a closure, of the communication between the Antrum and the nose, whereby the mucus or pus subsequently secreted from the membrane of the Antrum becomes impacted and accumulated in the cavity of the Antrum, or lodged in such a manner that only a few drops drain, perhaps, from the Antrum, when the head is laid upon the opposite side, accompanied with a most horrible stench—only fancy a bed-fellow with such a symptom.

The pain concomitant with this disease is dreadful; it resembles tooth-ache, but is distinguishable from that, in a degree, by its darting in a particular manner towards the internal canthus of the eye; by its permanency and severity; and by the peculiar manner in which it affects the eyes, which are rendered weak, irritable and watery;—and then, moreover, there is often the *stinking symptom* just mentioned.

The sympathetic affection of the eye is attributed to the continuity of membrane existing between the antrum and the eye, in the form of the nasal duct and lachrymal sac ("sympathy of continuity" of the great Hunter), and to the nervous connexion established by means of the fifth pair of nerves.

If the disease has been neglected, and becomes aggravated by the accumulation of matter, the corresponding side of the face becomes considerably deformed—the bone becomes carious, and the abscess points at some particular part of the face; the soft parts finally ulcerate, and the matter finds a vent in form of a fistulous aperture.

The *cure* for this disease, is to follow this hint of nature, and *to make an artificial* opening as early as possible, so as to procure the evacuation of the matter.

This disease is frequently associated with a decayed molar tooth, which must be extracted; or, if no evident caries exist, either one of the large molar teeth that seems loosened, or is painful upon tapping it. If neither tooth is affected, the first or second large molar tooth may be drawn, because their fangs project towards the cavity of the antrum. The fangs sometimes project bare of bony covering into the cavity o fthe antrum, and are only covered by the mucous membrane of the latter; at other times, they project into it, but are incased in a thin layer of bone, thrown upwards before them, formed of the parietes of the antrum.

This lamina of bone is generally broken by the extraction of the tooth, and brought away with its fang; an opening is thus made into the bottom of the antrum, and an evacuation of the matter immediately follows; or if this does not happen, it must be perforated, by introducing through the alveolar socket a small trocar, gimblet, or awl.

It is astonishing how rapidly the symptoms will often subside upon the extraction of the carious tooth, or the tooth which sympathises—extract it at once, and if you think that you can detect matter beneath the integuments of the face, do not cut for it, but first see the effects of the extraction of the tooth, as in all probability you will be happily deceived—there was either no matter at all, or, if so, owing to the subsidence of the irritation, it becomes quickly absorbed.

When the matter has been evacuated, and the discharge is considerable or very offensive, a small wooden plug should be introduced up the perforated alveolar socket to prevent the spontaneous flow of matter into the mouth. This should be taken out two or three times per diem to allow of the free escape of the matter; and the cavity should be syringed out with some weak astringent injection, as cold water, a solution of alum, sulphate of zinc, or weak brandy and water; if much irritation exist in the antrum, luke-warm water is at first preferable. These injections will tend to convert the diseased action of the vessels of the membrane to a healthy action. Should the bone be diseased, the discharge is generally very fœtid, and cleanliness, together with improving the patient's constitution, must be particularly attended to.

If there are loose portions of dead bone detected by the introduction of the probe, their extraction must be effected. The opening made through the alveolar socket will generally prove inadequate for the purpose; if so, raise the upper lip and cheek, and with a scalpel make a transverse incision down to the bone just above the alveolar process; next pass a perforating instrument into the antrum through the middle of the incision, and just above the root of the first large grinder, and enlarge the perforation to a necessary extent by means of a pair of cutting pliers.

EPISTAXIS.

THE FORAMEN SPHENO-PALATINUM, OR THE LATERAL NASAL FORAMEN.

THIS is seen best, in the connected skull, by looking through the spheno-palatine slit. This spheno-palatine slit is, you see, only a continuation of the spheno-maxillary, extending downwards between the tuberous process of the maxillary and the pterygoid process of, the sphenoid bone. Mechel's ganglion is situated in the upper part of this slit.

The foramen is formed anteriorly by the notch between the orbitar and sphenoid processes of the palatine bone, and, posteriorly, by the sphenoid bone; and it conducts from the spheno-palatine fissure into the upper part of the side of the nose, the spheno-palatine artery and nerve. The artery is a branch of the internal maxillary; the nerve is derived from Mechel's ganglion; formerly it used to be described as a branch of the superior maxillary division of the fifth pair; these are also termed the lateral nasal artery and nerve, because they spread arborescently and very extensively beneath the mucous membrane on the side of the nose. Observe the distribution of the artery in this preparation—observe, also, if you please, the exact locality of this foramen; in other words, the point of ingress into the nose of the lateral nasal artery and nerve, and the egress of the corresponding returning vein. They are probably

weakened and dilated branches of this vein, which, bursting, give out the blood in epistaxis, or bleeding from the nose. Various means have been employed for the relief of this. The most common, perhaps, for mild cases, is the application of cold to the common integuments, especially over the spinal marrow, often done by placing a common key against the back. This application of cold produces a contraction of the bleeding vessels, owing to the nervous sympathy existing between the skin and mucous membrane, through the medium of the spinal marrow and spinal nerves.

Astringents, applied to the Schneiderian membrane, do good. Lint, immersed in some astringent solution, as alum, the sulphate of zinc, or sulphate of copper, has been stuffed into the nostril; but this is frequently inefficient, as the source whence the bleeding comes is situated too distantly from the anterior nares for the lint to reach; besides, the middle turbinated bone, i e. the great turbinated process of the ethmoid bone, would be in the way. Study well, then the position of the spheno-palatine foramen; for your object is to make pressure upon both artery and vein at this point; for, by pressing upon the artery, you relieve the returning and bleeding veins of the current of blood in them.

The gut of an animal, tied at the further extremity, has been introduced in a collapsed state backwards through the nostril, and subsequently distended with some astringent solution, then tied at the proximate extremity, so as to press against the parietes of the nostril. But this is a nasty way of managing the matter; for many of your fine drawing-room ladies would not altogether like a cat's-gut dangling from their nostril.

Compression upon these vessels can be best made in the following manner:—a cat-gut, or slender flexible bougie, or a coarse thread, very stiffly waxed, must be introduced through the nostril whence the blood flows, till the end is seen in the fauces below the velum pendulum palati; then the extremity is to be taken hold of with a forceps, and drawn forwards through the mouth, and a small square or rather cuboidal piece of sponge must be tied to it by means of a piece of string sufficiently long; lastly, the bougie must next be drawn forwards out of the nostril, when the sponge will become impacted in the posterior naris, and swelling, by imbibing humidity, will press against its parietes, whereby the bleeding will be effectually stopped. The bougie must be cut away, and the end of the string left hanging from the anterior naris. Having impacted the sponge, you can then very advantageously syringe the nostril with an astringent injection. A case, for which I was consulted by Dr. Brown, only a few days ago, which had resisted other efforts, and where the patient had actually bled quarts, was effectually stopped by these means.

Let me caution you, however, gentlemen, not to commit an error similar to one unfortunately witnessed a short time ago. A gentleman, instead of introducing a bougie, substituted a piece of wire; the consequence was, after having pressed it into the fauces, he could neither get it forwards, nor backwards, and a terrible laceration of the mucous membrane was produced—I had considerable trouble in extracting it.—(*Notes from Mr. Dermott's Lecture upon the Palatine Bone.*)

MELVILLE HOSPITAL, CHATHAM.

RAMOLLISSEMENT OF THE SPINAL CORD, WITH INFLAMMATION OF THE NATES, AND EXTENSIVE SLOUGHING.

Reported, with Remarks, by ALEXANDER BLYTH, Esq., Jun., Surgeon, Melville Hospital.

WILLIAM PEARBLE, seaman, ætat. 21, of a spare phlegmatic temperament, was received into Melville Hospital, July 4, 1834. Before detailing the symptoms he was then labouring under, it will be requisite to take a retrospective view of the past history of the case, as far as it has been ascertained.

He applied for medical assistance on the 1st inst., complaining of pain in the back, referred to the lower part of the dorsal region of the vertebral column, with occasional difficulty in making water. These symptoms were unaccompanied by fever, and the bowels being constipated, a purgative was administered on the 2nd. He stated he could not keep his urine, but passed it involuntarily, and without consciousness. Pain of the back much the same on the 3rd, and he passes both urine and fæces involuntarily; the lower extremities completely paralysed; sensation still preserved; pulse regular, as at first, and no other uneasiness complained of, excepting the pain in the back, which has been somewhat alleviated since the application of a blister to the dorsal portion of the spine. For a long time he had manifested languor and unwillingness for exertion, and on this account was considered lazy by his messmates. The above is all that could be ascertained with respect to the early history of the case.

When admitted into the hospital, the following symptoms presented themselves:—Complete paraplegia, with very little sensation; pulse 77; appetite good; passed a sleepless night, from pain in the back; lower extremities wasted. The catheter being introduced, six ounces of pale urine were drawn off. In the evening, pulse quick; skin hot; passed no urine since the morning. He was bled to sixteen ounces; blood presented the buffy coat; purgatives were administered, and he was placed on fever diet.

July 5, six A.M. A bandage, sprinkled with the dolichos pruriens, was applied round the lower extremities; after its application he complained of the skin being hot, proving that sensation was not wholly lost. He now moves his feet occasionally, but apparently by moving the upper portion of the body; urine and fæces passed involuntarily, the latter very dark; is able partially to support his body on the legs.

Five, P.M. He was cupped on the loins, and a flannel roller was then applied to the posterior portion of the thighs, having been previously dipped in very hot water. The muscles of the thighs and legs became tremulous, but he made no attempt to move them. Has had three stools; the last was bilious, the two former being natural; made water freely; pulse 120, small; says he is much better since the morning. The cupping-glasses have been applied to the loins, and the following medicine was prescribed:—An ounce of solution of antimony to be taken alternately, with an ounce of the following mixture:—

℞ *Tincture of assafœtida*, ʒiv.
Castor-oil, ʒij.
Oil of amber, m. ij;
Decoction of quassia, ʒvj. M.

6. Nine, A.M. Pulse 120, small; tongue clean and moist; stools natural. In the evening, pulse rose to 140, very small and feeble; is free from pain; urine passes guttatim and involuntary.

9. Says he has some sensation in the toes.

10. Passed a bad night, being seized with violent rigors, similar to the cold stage of an intermittent; extremities warm; nates and thighs excoriated; penis in a similar condition, from the constant dribbling of the urine. At eight P.M. it flowed in a full stream. The following liniment was ordered for the spine:—

℞ *Liniment of mercury*, ʒss;
Iodine, grs. x. To be used frequently.

Arrow-root ordered. Simple cerate was smeared over the eroded surfaces.

11. The slough is extending on the nates; pulse 100; he has slight priapism; bowels costive; slept three hours.

12. Passed a restless night; passed a stool of a dark colour; urine dribbles incessantly, with partial priapism, as yesterday; pulse 112; tongue slightly furred; skin dry; urine deposits a white-coloured sediment. A catheter was introduced, and confined; while doing this (accompanied with great exertion of the abdominal muscles) fæces were passed. In the evening, the urine having passed by the side of the catheter, it was withdrawn. Bowels moved once since last night; less sediment in the urine.

13. Slept better; penis is much swelled, but the excoriations are much better; the sloughing, however, of the left nates is extending rapidly. In addition to the former medicines the following pill was ordered:—

℞ *Calomel*, gr. iij;
Antimonial powder, grs. ij. Make into a pill, to be taken every eighth hour.

14. Perspired freely; pulse 100; appetite impaired; the sloughs look healthier.

Seven, P.M. Skin soft and moist from the diaphragm upwards, but below this it is cold and dry; the skin has given way in the right calf; heel of the same side discoloured; pulse 146.

15. Slight abrasion in the left calf; both heels are now discoloured; the penis is dark and sloughy; scrotum in a similar condition; pulse 100.

16. No amendment; the pulse in the evening was 120, rather full; he is perspiring profusely; lower half of the body dry and cool; the febrile symptoms have abated.

17. Has slept well; pulse 90; tongue clean; the gums are slightly affected, and the skin is dry. The thermometer, when applied to the calf of the leg, stood at 90° Fah., whilst near the axilla, it rose to 96°; muscles of the inferior extremity flabby and wasted, and he has lost all sensation in this part. He was ordered nutritious diet, with wine and porter, and the sloughs have been dressed with the ointment of resin and turpentine.

18. Temperature in axilla 84° Fah.

22. Discharge from sloughs much increased, large portions of dead matter separated; there is slight tremour of the glutæi muscles, but he has lost all sensation from the spinous process of the last lumbar vertebra downwards. The potassa fusa has been applied on either side of the spine.

24. Says that he can now feel when his legs are touched; pulse 100. The solution of chloride of lime to be applied to the sores. A mesa had been applied on each side of the last lumbar vertebra on the 23rd ult. From this time to August 28th, the sloughing portions of the nates were gradually separating, leaving deep cavities behind, and slight hæmorrhage occasionally took place from the granulating surfaces. During this process his health suffered considerably from repeated attacks of diarrhœa, but after the sloughs had been completely separated he improved greatly. The sensitive power of the lower limbs has been increasing lately. A large slough, however, has now appeared on the anterior surface of the right thigh, and a portion of the sloughing tendon was removed on the 30th.

September 1. The sloughing process has extended greatly; matter is burrowing beneath the glutæi muscles. Several small sores have made their appearance on each side of the spine, and the right femur is anteriorly denuded of periosteum to the extent of four inches; muscles and vessels as clearly demonstrated as by the knife of the anatomist; there are several ulcers on both thighs, and in the right the matter extends as high as the groin; granulations on nates appear dark and unhealthy; the chloride of lime dressing still applied; the pulse 120, small and feeble; inferior part of the abdomen and lower extremities œdematous. He is cheerful, complains of no pain, has a good appetite, but passes sleepless nights.

15. Diarrhœa made its appearance on the 4th, since which period he has been gradually sinking. He expired this morning; the sloughing had continued to extend; the whole posterior surface of the pelvis is only covered by periosteum. His appetite continued good to the last, and the muriate of morphia procured him rest.

Autopsy. Cranium.—A deposition of coagulable lymph was discovered beneath the pia mater, and the membrane itself is exceedingly vascular; no other morbid appearance presented itself in this region.

Spine.—The whole of the medulla spinalis, from the last dorsal vertebra downwards, softened, and resembled in consistence and appearance strawberry-cream; about an inch also of the medulla, opposite the sixth dorsal vertebra, in a similar condition. The vessels ramifying on the external surface of the theca spinalis were in a state of congestion, with considerable effusion within the spinal column.

Thorax.—Slight adhesions between the pleura costalis and pleura pulmonalis of the left side. A small patch of coagulable lymph upon the inner surface of the left ventricle, with considerable effusion within the pericardium.

The contents of the abdomen healthy.

Remarks. The above case was evidently one of softening, having inflammatory action for its mediate or proximate cause. As the symptoms, during its progress, as well as the abnormal appearances observed on dissection indicated, a state of active hyperæmia, had preceded and accompanied it. It is remarkable principally from the extensive disorganisation experienced by the tissues connected with

the seat of the disease. Like most diseases of this nature, its origin was very obscure, and its progress insidious. No local injury, or other evident cause, could be assigned. The abnormal appearances found in the brain and heart indicated the existence of hyperæmia in these organs, but probably as a secondary affection resulting from morbid sympathetic action with the primary disease—*softening of the medulla spinalis.*

August 13, 1841

PROCEEDINGS OF THE ROYAL SOCIETY. 1841.

The Marquis of NORTHAMPTON, President, in the Chair.

Memoir of the case of a gentleman born blind, and successfully operated upon in the eighteenth year of his age; with Physiological Observations and Experiments. By J. C. AUGUST FRANZ, M.D., M.R.C.S. Communicated by Sir BENJAMIN C. BRODIE, Bart., F.R.S.

THE young gentleman who is the subject of this memoir had been affected from birth with strabismus of both eyes; the right eye was amaurotic, and the left deprived of sight by the opacity both of the crystalline lens and of its capsule. At the age of seventeen, an operation for the removal of the cataract of the left eye was performed by the author with complete success. On opening the eye for the first time, on the third day after the operation, the patient described his visual perception as being that of an extensive field of light, in which everything appeared dull, confused, and in motion, and in which no object was distinguishable. On repeating the experiment two days afterwards, he described what he saw as a number of opake watery spheres, which moved with the movements of the eye, but when the eye was at rest remained stationary, and their margins partially covered one another. Two days after this the same phenomena were observed, but the spheres were less opake and somewhat transparent; their movements were more steady, and they appeared to cover each other more than before. He was now for the first time capable, as he said, of looking through the spheres, and of perceiving a difference, but merely a difference, in the surrounding objects. The appearance of spheres diminished daily; they became smaller, clearer, and more pellucid, allowed objects to be seen more distinctly, and disappeared entirely after two weeks. As soon as the sensibility of the retina had so far diminished as to allow the patient to view objects deliberately without pain, ribands differently coloured were presented to his eye. These different colours he could recognise, with the exception of yellow and green, which he frequently confounded when apart, but could distinguish when both were before him at the same time. Of all colours, grey produced the most grateful sensation; red, orange, and yellow, though they excited pain, were not in themselves disagreeable; while the effect of violet and of brown was exactly the reverse, being very disagreeable though not painful. Brown he called an ugly colour; black produced subjective colours; and white gave rise to a profusion of *muscæ volitantes.* When geometrical figures of different kinds were offered to his view, he succeeded in pointing them out correctly, although he never moved his hand directly and decidedly, but always as if feeling with the greatest caution. When a cube and a sphere were presented to him, after examining these bodies with great attention, he said that he saw a quadrangular and a circular figure, and after further consideration described the one as being a square, and the other a disc, but confessed that he had not been able to form these ideas until he perceived a sensation of what he saw in the points of his fingers, as if he really touched the objects. Subsequent experiments showed that he could not discriminate a solid body from a plane surface of similar shape; thus a pyramid placed before him, with one of its sides towards his eyes, appeared as a plane triangle.

Two months after the above-mentioned operation, another was performed on both eyes, for the cure of the congenital strabismus, by the division of the tendons of the recti interni muscles, which produced a very beneficial effect on the vision of the left eye; and even the right eye, which had been amaurotic, gained some power of perceiving light, and, from being atrophied, became more prominent. Still it was only by slow degrees that the power of recognising the true forms, magnitudes, and situations of external objects was acquired. In course of time, the eye gained greater power of converging the rays of light, as was shown by the continually-increasing capacity of distinct vision by the aid of spectacles of given powers.

On the Fossil Remains of Turtles discovered in the Chalk Formation of the South-East of England. By GIDEON ALGERNON MANTELL, Esq., LL.D., F.R.S.

IN this paper the author gives a description, accompanied with drawings, of a remarkable fossil turtle, referrable to the genus *emys*, and named, from its discoverer, Mr. Bensted, the *emys Benstedi*, which has been lately found in a quarry of the lower chalk of Kent, at Burham, which is situated near the banks of the Medway, between Chatham and Maidstone. The specimen discovered consists of the carapace or dorsal shell, six inches in length, and nearly four inches in breadth, with some of the sternal plates, vertebræ, eight ribs on each side of the dorsal ridge, a border of marginal plates, and one of the coracoid bones. It is adherent to a block of chalk by the external surface of the sternal plates. The marginal plates are joined to each other by finely-indented sutures, and bear the impress of the horny scales, or tortoise-shell, with which they were originally covered. The expanded ribs are united together throughout the proximal half of their length, and gradually taper to their marginal extremities, which are protected by the plates of the osseous border. Mr. Bell considers the species to which it belonged as being closely allied in form to the common European emys, and as possessing a truly fluviatile or lacustrine character. The plates of the plastron, however, as also the coracoid bone, resemble more the corresponding bones of marine than of fresh-water turtles.

Researches tending to prove the Non-vascularity of certain Animal Tissues, and to demonstrate the peculiar uniform mode of their Organisation and Nutrition. By JOSEPH TOYNBEE, Esq. Communicated by Sir BENJAMIN C. BRODIE, Bart., F.R.S.

IN the introduction to this paper, the author first speaks of the process of nutrition in the animal tissues which are pervaded by ramifications of blood-vessels; pointing out the circumstance, that even in them there is a considerable extent of tissue which is nourished without being in contact with blood vessels. The knowledge of this fact leads us to the study of the process of nutrition in the non-vascular tissues; which tissues he divides into the three following classes; namely, first, those comprehending articular cartilage, and the cartilage of the different classes of fibro-cartilage. Under the second head he comprises the cornea, the crystalline lens, and the vitreous humour; and, under the third, he arranges the epidermoid appendages; viz., the epithelium, the epidermis, nails, and claws, hoofs, hair, and bristles, feathers, horn, and teeth.

The author then proceeds to show that the due action of the organs, into the composition of which these tissues enter, is incompatible with their vascularity. In proof of the non-existence of blood-vessels in these tissues, he states that he has demonstrated, by means of injections, that the arteries, which previous anatomists had supposed to penetrate into their substance, either as serous vessels, or as red blood vessels too minute for injection, actually terminate in veins before reaching them; he also shows that around these non-vascular tissues there are numerous vascular convolutions, large dilatations, and intricate plexuses of blood-vessels, the object of which he believes to be to arrest the progress of the blood, and to allow a large quantity of it to circulate slowly around these tissues, so that its nutrient liquor may penetrate into and be diffused through them. The author states that all the non-vascular tissues have an analogous structure, and that they are composed of corpuscles, to which he is induced to ascribe the performance of the very important functions in the process of their nutrition, of circulating throughout, and perhaps of changing the nature of the nutrient fluid which is brought by blood-vessels to their circumference. The author then brings forward facts in proof of the active and vital properties of these corpuscles, and concludes his introduction by stating, that it appears to him that the only difference in the mode of nutrition between the vascular and the non-vascular tissues is, that, in the former, the fluid which nourishes them is derived from the blood that circulates throughout the capillaries contained in their substance; whilst in the latter, the nutrient fluid exudes into them from the large and dilated vessels that are distributed around them; and that in both classes, the particles of which the tissues are composed derive from this fluid the elements which nourish them.

The author then enters on an examination of the structure and mode of nutrition of the several tissues of each of these three classes. In considering the first class, he commences with articular cartilage which he describes at great length in the various stages of its development, and at the different periods of life. He gives in detail the account of numerous dissections of the ovum and fœtus illustrating the first stage, during which he shows that no blood-vessels enter into the substance of any of the textures composing a joint. But that the changes its component parts undergo are effected by the nutrient fluid from the large blood-vessels, by which, at this stage, each articulation is surrounded. In the second stage of the development of articular cartilage, the author shows, by numerous dissections, the process by which the blood-vessels are extended into the substance of the epiphysal cartilage, and converge towards the attached surface of articular cartilage, and how, at the same time, blood vessels are equally prolonged over a certain portion of its free surface. He shows that none of these blood vessels enter the substance of the articular cartilage, and he points out that in them the arteries become continuous with the veins; first, by their terminating in a single vessel, from which the veins arise; secondly, by their forming large dilatations from which the veins originate; and, lastly, they become directly continuous with the veins in the formation of loops of various characters. In the third stage, that which is exhibited in adult life, the epiphysal cartilage is converted into osseous cancelli. These contain large blood-vessels, which are separated from the articular cartilage by a layer of bone composed of corpuscles; and the author believes that the principal source of nutrition to this tissue is the nutrient fluid which exudes into it from these vessels, by passing through the articular lamella just noticed. The free surface of adult articular cartilage is nourished by vessels which pass to a slight extent over it. The author points out the presence of fine tubes which pervade the attached portion of adult articular cartilage, to which he ascribes the function of transmitting through its substance the nutritive fluid derived from the vessels of the cancelli. He also advances the opinion that the articular cartilage becomes thinner during the whole of life, by being gradually converted into bone.

Fibro-cartilage constitutes the second tissue of the first class. The author first enters upon an examination of its structure; and in order to arrive at some definite conclusions on this subject, whereon anatomists of all ages have so much differed, he made numerous dissections of fibro-cartilages in the different classes of animals at various periods of their development, the results of which he details. He arrives at the conclusion that this tissue is composed of cartilaginous corpuscles and of fibres; the latter preponderating in adult life, the former in infancy; and that during life the corpuscles are gradually converted into fibres. He enters at length into the question of the vascularity of these cartilages; and from a careful study of many injected specimens of man and animals at various periods of their development, the particular results of which he relates, he believes that blood-vessels are contained only in their fibrous portion, and have the function of nourishing that which is cartilaginous, and which, on account of its being subject to compression and concussion, does not contain any.

Among the second class of extra-vascular tissues, the cornea is first treated of; and its structure is described as being very lax, and as containing corpuscles only in a small quantity. The opinions in favour of its vascularity are combated; and it is shown that the blood-vessels which converge to its attached margin, and which are the principal source

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of the fluid that nourishes it, are large and numerous, and that at the circumference of this tissue the arteries, without any diminution of their calibre, return in their course, and become continuous with the veins. A second set of vessels, devoted to the nutrition of the cornea, is also described; they extend to a short distance over the surface of the tissue, but do not penetrate into its substance.

The crystalline lens is described as being composed of corpuscles, of which the radiating fibres are constituted. The arteria centralis retinæ is described as ramifying over the posterior surface of the capsule, where it forms large branches; these pass round the circumference of the lens, and reach its anterior surface, at the periphery of which they become straight: the arteries terminate in loops frequently dilated, and become continuous with the veins. With respect to the vascularity of the vitreous humour, the author states that although many anatomists have, in general terms, represented the arteria centralis retinæ as giving off, in its course through this organ, minute branches into its substance, still those who have paid especial attention to the subject have not been able to find such vessels. He believes that the nutrition of this structure is accomplished by the fluid brought to its surface by the ciliary processes of the choroid, which fluid is diffused with facility through its entire substance by means of the corpuscles of which its membrane is composed, assisted by the semifluid character of the humour.

The third class of extra-vascular tissues comprehends the epidermoid appendages. The author describes them all as composed of corpuscles, which are round and soft where they are in contact with the vascular chorion, compressed and flattened where they are farther removed from it. He points out, in the substance of the hoof of the horse, the existence of fine canals, which he supposes to conduct fluid through its mass; and he states that the perspiratory ducts of the human subject possess a structure analogous to the spiral vessels of plants. The author describes each of the tissues of this class at length, and shews that the various modifications presented by the vascular system with which each is in contact, have the sole object of enabling a large quantity of blood to approach and circulate slowly around them. He also points out, in connection with this subject, the remarkable vital properties which are possessed by these non-vascular tissues.

In concluding this paper, the author states that his object has been to establish as a law in animal physiology, that tissues are capable of being nourished, and of increasing in size, without the presence of blood vessels within their substance. He shows the analogy which is presented between the extra-vascular animal and the extra-vascular vegetable tissues. He expresses a hope that the application to surgery of the above law, with reference to the prolongation of blood-vessels into the extra-vascular tissues during disease, and to pathology in the investigation of the nature of morbid structures, particularly of those classes which contain no blood-vessels, will not be devoid of interest, and will be productive of some advantage.

On the Anatomy and Physiology of certain Structures in the Orbit, not previously described. By J. M. Ferrall, Esq., M.R.I.A. Communicated by Sir Benjamin C. Brodie, Bart., F.R.S.

The author describes a distinct fibrous tunic, which he terms the *tunica vaginalis oculi*, continuous with the tarsal cartilages and ligaments in front, and extending backwards to the bottom, or apex of the orbit; thus completely insulating the globe of the eye, and keeping it apart from the muscles which move it. The eyeball is connected with this fibrous investment by a cellular tissue, so lax and delicate as to permit an easy and gliding motion between them. The use which the author assigns to this tunic is that of protecting the eyeball from the pressure of its muscles while they are in action. This tunic is perforated at its circumference, and a few lines posterior to its anterior margin, by six openings, through which the tendons of the muscles emerge in passing to their insertions, and over which, as over pulleys, they play in their course. A consequence of this structure is, that the recti muscles become capable of giving rotatory motions to the eye without occasioning its retraction within the orbit, and without exerting injurious pressure on that organ. In those animals which are provided with a proper retractor muscle, the recti muscles are, by means of this peculiar mechanism, enabled to act as antagonists to that muscle.

MIDDLESEX HOSPITAL.

PENETRATING WOUND OF THE CHEST.

James Maxwell, aged 33, was admitted, under Mr. Arnott, in the afternoon of the 10th of July, having, about half an hour previously, received a stab in the back.

He was brought to the hospital by two of his comrades, cabmen, who witnessed the injury, and of which they gave the following account:—Whilst seated at a table, with his elbow leaning upon it, Maxwell's wife approached from behind, and stabbed him forcibly with a dessert-knife, which remained sticking in his back, and she ran out of the room.

was so firmly fixed, that it required two or three hard pulls to withdraw it. It seemed to have been directed straight inwards, not slantingly. The blade of the knife, which the men brought with them, measured nearly five inches in length, and within less than an inch of the handle was a well-defined line of bloody stain; from this line to the point, the blade was marked by the appearance of dried blood; a notch was observed on the edge, about two and a half inches from the point. Some blood followed the removal of the knife; and the man who withdrew it, observed some bubbles of air passing out of the wound at the same time: a circumstance which was also noticed, on the patient's admission, by the house-surgeon when he examined the wound. Much pain had not been experienced, and the somewhat hurried breathing which existed on the patient's entrance, seemed, like the cold skin and feeble pulse, to be owing to the mental shock: for after a time it ceased, and excepting when asked to make a full inspiration, respiration was calm and undisturbed. The attempt to fill the chest fully, however, was interrupted before its completion by a certain check, which was also felt in speaking; but in neither case was cough produced by the attempt. No blood had been spat up, but a moderate quantity had flowed from the external wound. This was situated on the posterior part of the chest, over the left scapula, immediately below its spine, and within an inch of the base of the bone. On placing the arms in the position they occupied, when the injury was received, it was evident that the knife must have passed through the scapula; and on separating the lips of the wound, an aperture in that bone was seen. Slight traces of emphysema existed in the immediate vicinity of the wound in the skin. The patient was supported by a bed-chair, breathing being easier in the sitting posture, with the head inclined forwards, than in the horizontal, and silence enjoined. For three hours after his admission, nothing further was judged necessary. At the expiration of this period, the skin had acquired its natural warmth; the pulse some fulness and power; there was rather more uneasiness in taking a deep breath; and the stethoscope discovered crepitation in the left lung, that corresponding to the wounded side. He was ordered to be bled. Eighteen ounces were taken, when he became very faint. To have half a drachm of the compound jalap powder directly, and to be placed on low diet.

Half-past 10, P.M. Is tranquil; pulse of the natural frequency, and weak; in less pain; bowels have not acted; some emphysematous crepitation between the wound and the spine. To have a compound senna draught directly; and when the bowels have been moved, to take two grains of calomel every four hours, and between each dose of this to have a saline draught, containing a drachm of antimony wine.

July 11, 8, A.M. Has been restless during the night, without any attacks of laboured breathing. He states that he now feels better, but he cannot elevate his voice. When he attempts a long breath he experiences interruption and pain in the left side. His countenance expresses anxiety, and his nostrils have more action than they ought. Pulse 95, small and hard; bowels have been opened several times. Was bled again to sixteen ounces, and had a quarter of a grain of opium added to each dose of the calomel.

Five P.M. and ten P.M. No material change; blood taken shows no buff. To continue his medicines.

12. Has slept for several hours; breathes with more freedom on a full inspiration, but the ear distinguishes crepitation in the left lung; gums slightly tender; pulse 110. Was again bled to fourteen ounces. To continue the mixture and calomel without the opium.

13. Has passed a comfortable night; no crepitation can now be heard in the lung; pulse 110; bowels have acted twice; mouth very sore; wound suppurating. Omit the calomel; continue the mixture, with a drachm of antimony wine, every four hours.

14. Passed a good night; fills his chest nearly before he experiences the check; is still obliged to maintain the upright position; the countenance and expression good; pulse still frequent.

19. Has gone on favourably since the last report; can now quite fill his chest; pulse still more frequent than natural, but soft and easily compressed; bowels act regularly; can sleep without the bed-chair; the wound in the back granulating; soup diet.

25. The patient is dressed, and with the exception of the wound over the scapula not having yet cicatrised, and that the pulse is more frequent than natural, may be considered well. Meat diet.

August 8. Has continued improving since last report.

In answer to some inquiries of the pupils, Mr. Arnott stated, that he had no doubt that the lung was wounded in this case, although no blood had been coughed up; that this did not necessarily take place when the surface or edges of the organ, more especially, had been wounded, and the wound, moreover, a punctured one.

The presence of bloody sputa depended in these cases, in a great measure, on the size of the bronchial tube, or tubes, opened, and there not being a ready discharge for the blood from the surface of the lung into the cavity of the chest. In the case of a punctured wound, too, the blood extravasated into the cellular tissue of the lung, converted the part into a condition similar to that in pulmonary apoplexy, where the smaller bronchial tubes and air-cells are compressed, and where, if blood is expectorated, it is in small quantity.

Mr. Arnott further observed, that it would be noticed, in this case, that the increased frequency of pulse continued after the other symptoms had ceased. This circumstance always deserved attention, but where, as in this instance, it was not accompanied by other symptoms, it did not merit undue importance. Here, notwithstanding its continuance, soup, and afterwards meat diet, had been allowed, when deemed requisite, and without any bad result.

CORRESPONDENCE

To the Editor of the "Medical Times."

Sir,—I have read with regret the letters and remarks against the poor-law system in the various medical journals since the passing of the New Poor Law Amendment Act, on the medical appointments made by the Guardians, and sanctioned by the Poor Law Commissioners; and my attention is again drawn to it, on reading, in *The Medical Times* for August 14th, the account of the meeting of the Provincial Medical and Surgical Association, held at York, in which I find the following statement:—"The first business was reading of the Poor Law Committee report, which first alluded to the continual abuses still remaining under the poor-law system, such as the tender system and the present plan of parochial appointments, with the remuneration attached, all of which fully attested the unfitness of the present Commission to interfere in medical matters." I have often wondered what the Provincial Medical and Surgical Association can have to do with the Poor Law Commissioners. I see no clause in the Poor Law Amendment Act giving the said Commissioners any extraordinary power over the medical profession; nor do I recollect of ever seeing any rule or order sent out by them, tending, in the slightest degree, to injure or degrade the medical profession. On the contrary, all the rules and orders circulated by them, in my opinion, seem calculated to keep up its dignity,

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rather than to degrade the members of the medical profession. In one of their reports, I find the following paragraph:—"In regulating the appointments of medical officers within the new unions, we have acted on the presumption that by the words of the act (that the medical officer shall be a person duly licensed to practise as a medical man), it was intended to include equally physicians, surgeons, or apothecaries. duly licensed to practise as such. With respect to the general professional qualifications of the medical men who come within the words of the act, we have relied on the diplomas of those who are charged by the legislature with the duty of examining the qualifications of the candidates for practice, being assured that the recent improvements in medical practice and education, are such as in general to render the later diplomas, certificates of a degree of competency equivalent to much practice on the parts of those who have had an earlier education. Under these circumstances, we have considered that the interests of the public and of the profession itself were the best served, by keeping the situations of medical officers in the new unions open to the competition of the whole body of medical practitioners; instead of attempting to fixt he price of the services of the medical practitioners for the union, we deemed it the most advantageous that each practitioner should fix the price of his own services, under competition." Now there is nothing in this paragraph, that I can discover, calculated *to degrade* the profession, or lower it in the estimation of the public. The Poor Law Commissioners have no more to do with the appointment of medical men to the various union districts than the council of the Provincial Medical and Surgical Association have. This power is, I think, very wisely delegated to the Guardians; they are the persons most likely to know the nature of the wants of the paupers in their own immediate neighbourhood, and to be the best able to judge of the fitness and qualifications of the medical candidates. I know that the appointments made by the Boards of Guardians are not valid till confirmed by the Commissioners; but I don't believe that their confirmation is ever withheld, unless there is some very good ground for it,—such as medical men in a union combining together to prevent competition, or their offering resistance to the appointment made by the Guardians. There certainly can be no objection to the mode adopted by the Guardians in obtaining medical men for the Unions, by throwing it open to competition; the making known their wants, by advertising, is not peculiar to them. All public institutions requiring medical or surgical aid do it; and, by so doing, they frequently bring into note men of talent that otherwise would never have been known, and the public deprived of their usefulness. Were the Guardians to give the situation of medical and surgical attendant to any particular individual in the district, they would then be accused of favouritism, or jobbing, or, as the Tories would call it, Whiggery. In pursuing this course, the Guardians are following the example of the trustees of all the large h ospitals,—only the one appoints, and the other elects; and most of us know the manœuvring there is when a medical vacancy occurs in any of the charitable institutions, on such occasions, in getting subscribers in order to make votes for the different candidates; and, in many cases, these guinea subscribers have more to do with the success of the elected than his professional acquirements. I never heard of any complaint being raised against this system, nor do I hear of any blame being attached to those eminent physicians, or the skilful surgeons who daily give so large a portion of their valuable time to the public hospitals and dispensaries. This is, no doubt, very disinterested on the part of those learned gentlemen, but we all know the object they have in view; it is to get practice; and they also know that this is the high road to fame and notoriety, and by this notoriety they get patients, and attract to the different hospitals to which they are attached, patients who are not the most needy, and invite others to meet them there, who could afford to pay, and would pay a trifling fee to their more necessitous professional brethren; this is done to a great extent by some, and is very injurious to the general practitioner. Yet, I have never heard that the "Provincial Medical and Surgical Association," in the whole nine years of its existence, ever complained of it, or appointed a committee to inquire into it; but because a young man, who has just entered the profession, with ample testimonials of his skill and ability, chooses, in order to exercise that skill for the benefit of his fellow-creatures, by contracting to attend the paupers in a Union District, at a small sum per head, or at a certain amount for the whole number, in order to remunerate himself for the medicine, &c., they may require, he is directly accused of acting unprofessionally, and degrading the medical profession; and a learned Sergeant is applied to, to frame a clause, to be inserted in any bill that may be brought before the legislature, to amend the present Poor Law system; and the learned Sergeant is, moreover, expected to support it in the House of Commons; and, no doubt, his powerful talent would have had its weight, if he had been there. The party who are so anxious for suppressing this mode of obtaining a practical knowledge of the profession, know how to look out for another advocate in the House of Commons, as Sergeant Talfourd is no longer a member; and I hope they will also bear in mind, that the young men, who are thus acting, are legitimately pursuing the path to fame and notoriety; and there are many old practitioners who are, in self-defence, obliged to tender, and to contract; but their motive is not the same as the junior practitioner—they do it to prevent another coming into their neighbourhood, to run away with their practice. I hope, Sir, I have said enough to prove that the Poor Law Commissioners have nothing to do with the terms of the medical contracts, or with lowering the respectability of the medical and surgical contractors. The Boards of Guardians, as the guardians of the purses of the rate-payers as well as the pauper, are bound to procure the best medical and surgical attendance, at the lowest possible rate. A medical man, who contracts to attend the paupers of any union at a low rate, or at a small sum per head, for the purpose of introducing himself to the notice of the public, is not, in my opinion, degrading himself or the profession; if he does it, it is his own act, and not the Poor Law Commissioners. I wish it to be understood that I am not an advocate for the system of contracting and tendering; I am only anxious to show that the Commissioners' are not deserving the scandal and opprobrium heaped on them by some of the medical journals, and many members of the profession. I know there were great abuses in the medical department, under the old Poor Law system; medical men were in the habit of making shameful charges, and sending in very heavy bills every year to the parish officers; in many cases, the parish practice was the best and most profitable part of a country surgeon's practice. I admit it would be much more honourable and respectable on the part of the Guardians, were they to fix a fair remunerating sum according to the number of paupers and the size of the district, and I think such a plan is practicable. The competitors for the office would then be on an equal footing, as to the emolument to be derived from it.

I wish the Council of the Provincial Medical and Surgical Association would consult the learned Sergeant on the best means to be adopted in order to prevent the physicians and surgeons of the public hospitals sending to the side-door of those charitable institutions for their advice and assistance, patients who could well afford to pay for medical assistance; this is done very often, and is very injurious to the general practitioners in large towns and cities. These institutions are often the stepping-stones to honours and fame of many; but such conduct obstructs the progress of others to it. Fearing that I may occupy too much space in your next week's *Times*, I close, and remain, yours, &c., ARGUS "THE FIRST."

Bath, August 25th, 1841.

DIVISION OF THE GENIO-HYO-GLOSSI MUSCLES FOR STAMMERING.

By A. J. LIZARS, Edinburgh.

P.M., AGED 35, had stammered from his infancy. The difficulty was evidently caused by spasmodic contraction of the muscles of the tongue and neck. The tongue, upon examination, was found to be shorter than natural. I operated in presence of my assistants, Messrs. Riccard and Hole, and two of my pupils, Messrs. Collyns and Tibbets.

The instruments employed were, a straight sharp-pointed bistoury; a curved probe-pointed bistoury with the cutting edge about an inch long, the remainder of the blade being blunt; a four-headed sling, or roller; and a compress of lint.

The patient having been placed in the sitting posture; with the sharp-pointed bistoury I made a puncture, rather less than a quarter of an inch in length, through the integuments of the lower part of the chin, about an inch posterior to the symphysis. I then pushed the curved bistoury gently upwards and a little forwards, until I saw its probe elevating the mucous membrane of the floor of the mouth; placing the forefinger of my left-hand upon the probe-point and mucous membrane, I turned the cutting edge of the instrument to the right, and divided the muscle of that side; the bistoury was then carefully brought back to the mesial line, and the other muscle having been divided in a similar manner, the instrument was withdrawn. The compress of lint was then placed on the wound, and the four-headed sling applied in the same way as is done for fracture of the lower jaw.

Very little blood was lost during the operation; and after its completion, the hæmorrhage was entirely stopped by the compress and bandage. Everything went on favourably; the bandage was removed on the third day, by which time the wound had healed; and the patient resumed his usual occupation on the fourth day.

Immediately after the operation, the patient experienced no difficulty in speaking, and the same has continued since. Upon examining the mouth, after removing the bandage, blood was observed beneath the mucous membrane in the line of the submaxillary ducts; this was absorbed by the tenth day, and the patient was completely cured.

It will probably be asked, how do I know that I divided the genio-hyo-glossi, and not the genio-hyoidei at the same time. In answer to this I have to state, that, about the time the operation was performed, there were in my anatomical rooms various subjects in different stages of dissection; in some I directed my attention to the anatomy of these muscles with reference to this operation; upon others I practised the operation, and afterwards dissected the parts; and I found that by following the steps described I had invariably divided the genio-hyoglossi near their origin; and, with respect to the genio-hyoidei, a few of their internal fibres were cut, but three-fourths of them were entire.

MICROSCOPICAL DISTINCTION BETWEEN THE SENSORY AND THE MOTORY NERVES.

By Dr. REMAK.

IN a paper on the functions of the ganglionary nerves, by Dr. Remak, in the June number of *Ammon's* Monatschrift, we observe the following paragraphs:—

"Every nervous bundle is composed of an assemblage of primary filaments, which do not communicate together, but are only in juxtaposition even in the most intimate plexuses." "*Ehrenberg* was the first to demonstrate, by microscopical examinations, that in every nervous bundle we may distinguish the motory from the sensory filaments; the former remaining after death quite cylindrical, and presenting only a slightly-rugous surface, whereas the latter exhibit a distinctly varicose or nodulated appearance.' . . . "Not only may we distinguish the sensory from the motory filaments, but we may also distinguish the filaments of those nerves belonging to organic life from those which belong to animal life: the former are of a red colour and extremely slender, whereas the latter are white and much more distinct." . . . "Usually we observe in a nervous bundle the three sorts of primary filaments—the motory, the sensory, and the organic. The organic filaments, which proceed from ganglions backwards to the spinal marrow, become more and more slender, until they are at length lost in the substance of the cerebro-spinal axis." . . . "In the cerebro-spinal system, there are two sets of actions performed; on the one hand, sensations perceived, and on the other, the reactions of volition. Two analogous actions are observed in the organic life; there is an

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organic perception, or what *Haller* called irritability; and there is a reaction, or the function of organic reflexion, so ably demonstrated by *Müller*. We may therefore say, that in the animal economy there is a double *sensorium commune;* one, belonging to the life of relation, is the cerebro-spinal axis; and the other, belonging to organic life, is the ganglionic system."—*Med.-Chirurg. Rev., April* 1841. —*Edinburgh Monthly Journal Med. Science.*

REVIEWS.

Treatise on the Ear, its Structure and Diseases; being the substance of THREE FAMILIAR LECTURES, delivered by A. SUTHERLAND, M.R.C.S. London: R. Tyas, Paternoster-row. 1841.

THIS little treatise, which may be really called a *multum in parvo*, contains very able and judicious observations on such cases as the author has found, in his extensive practice, to be within the proviuce of medical aid. Mr. Sutherland illustrates his Treatise with coloured engravings of the EAR, making it, at once, highly instructive to the student and to the senior members of the profession, who, from their arduous duties, have not leisure to study the numerous affections of that intricate and sensitive organ. Our limits preclude us from enlarging on the subject: we cannot, however, refrain from giving a few extracts. The author has given a beautiful outline of the structure of the ear, and he has described, with elegance, and precision, the diseases and treatment of that organ. We are obliged to omit this part of the subject, and also the cases which he has successfully treated, merely subjoining sufficient to show the view which Mr. Sutherland has taken of a subject of such magnitude and importance:—

"That hearing, in many cases, may be restored, or indeed much improved, there is no doubt; but everything depends on a judicious and careful mode of treatment, as there is no class of diseases requiring more exercise of the judgment, acute penetration, perseverance and attention, than those connected with the ear." (p. 2.)

"When we take a survey of the exquisitely-delicate workmanship of the ear, the source of so much of our happiness, and of the most refined of our delights, it must be allowed that too much care cannot be used in regulating our treatment, so as to ensure the best chance of restoring the functions of so valuable an organ." (p. 3.)

"There is no sense of which man is possessed so apt to become vitiated and diseased as the sense of hearing; nor is this at all to be wondered at, when we consider that the organ is formed of so many minute parts, and so exceedingly liable to derangement." (p. 12.)

The author's conclusion is deserving of the attention of the medical profession. He says:—

"On such a subject, tautology is unavoidable; but, be it remembered that it is not by able logical reasoning, nor by the stirring power of the rhetorician, that we can arrive at satisfactory conclusions. No; the science to which my observations have reference must affect the senses rather than the feelings; and when we have not data of mathematical precision to guide our inquiries, we must rest satisfied with rational inferences deduced from reasonable proposals. Let me, therefore, urge upon you to lose no time in doing your utmost to glean honours in this ample field.

"The way is often intricate, and presents many difficulties; but the more honour to him who surmounts those difficulties. And, to a properly-constituted mind, without taking into account the emolument, the duty, or the pleasure, of study itself, what can be more gratifying than to relieve a suffering fellow-creature, and that creature, it may be, an affectionate wife, a beloved child, a venerated parent, or an esteemed friend?" (pp. 53, 54.)

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 14th Aug. 1841:—

Epidemic, Endemic, and contagious diseases	136
Diseases of the brain, nerves, and senses	154
Diseases of the lungs, and other organs of respiration	233
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	11
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	102
Old age, or natural decay	42
Deaths by violence, privation, or intemperance	27
Causes not specified	2
Deaths from all causes	802

VACANCIES, PROMOTIONS AND APPOINTMENTS.

ARMY.

96TH FOOT.—Assistant-Surgeon William Lucas, from the Ceylon Regiment, to be Surgeon, vice James Shorland, who retires upon half pay; dated Aug. 20, 1841..—1ST WEST INDIA REGIMENT—John George Bowlby, Gent., to be Assistant-Surgeon, vice Campbell, deceased; dated Aug. 20, 1841.—HOSPITAL STAFF—Christopher Thompson, M.B., to be Assistant-Surgeon to the Forces, vice Swettenham, appointed to the Ceylon Rifle Regiment: dated Aug. 20, 1841.—John Fraser, M.D., to be Assistant-Surgeon to the Forces, vice Caw, deceased; dated Aug. 20, 1841.

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Mons. Velpeau's Clinical Lectures on Retention of the Urine, caused by diseases of the Prostate Gland.

No. IV.

With regard to the diseases of the prostate, I do not attach as much importance to the state of the urine as some surgeons. The deposit of matter, stringy, gluey, thick like turpentine, which is attached to the bottom of the vessel, had strongly fixed my attention, and at first I thought I saw in it a fact of great value. Nevertheless, in proportion as my observations upon this point increased, I was enabled to perceive, as others had done before me, that certain morbid conditions of the bladder caused the formation of this matter, as well as the affections of the prostate. I know, furthermore, that the mucus, the pus, the blood, &c., found sometimes in the urine, do not indicate a lesion of the prostatic portion of the urethra, more than the various alterations of the urinary apparatus in general.

The prognosis of tumours of the prostate is always serious, although of various degrees. If it be a vegetation of the mucous surface of the organ, the result is, in the first place, an embarrassment in the flow of the urine, which may arrive to a complete retention, and compromise the life of the patient in the space of some months. If the tumour excoriates, ulcerates, hæmorrhages take place which return and finally determine a state of weakness which has its dangers. It it be transformed into a fungoid tumour, or produce putrilaginous excavations, these formations may acquire the same gravity as cancers in general, or determine infiltrations or urinary abscesses in the perinæum or towards the anus. Supposing that the tumours of the prostate do not degenerate, or that they remain in the tissue of this gland, they finish, at least if they are of a sufficient volume, by bringing on retention, and afterwards even incontinence of urine. As this state is fatiguing, more or less, to the bladder, it renders that organ liable to inflammation, which we know to be a serious affection. We must not forget, moreover, that the urine, even in patients who still evacuate it with a certain facility, is in part retained, and stagnates behind the prostate from one evacuation to the other, in a species of excavation which is here formed in the natural reservoir, when, becoming by this sble fact ammoniacal, sour and very irritating, it is not long in producing a catarrh of the bladder, and finally bringing on cystitis. It is useless to add that the urine, when retained in the bladder, also accumulates in the ureters and in the cavity of the kidneys, and may, in consequence, be the cause of inflammation of the ureters or of the kidneys. We hence see that the enlargement of the prostate, and the tumours in the prostatic region of the urethra, form a very dangerous class of diseases, and so much the more dangerous, as, left to themselves, it is excessively rare they dissipate, or even that they remain stationary. If we, moreover, add to this, that the therapeutical resources of medicine, whether medical or surgical, are frequently far from being satisfactory. Nevertheless, we will examine what it is proper to attempt or hope in such cases.

Whatever may be the nature of the tumefaction, whatever may be the degree of the disease, as soon as there is retention of the urine, the first indication that presents itself, is to remedy this symptom. All I have previously said ought to enable you to recognise the nature of the affection. The patient feels a desire to evacuate the urine, and, despite all his efforts, he cannot. It is only during the moment of faintness that he passes a few drops. There are patients who feel a violent desire to pass their urine, and who complain very much of acute pains after eight, ten, or twelve hours of retention. There are others that remain fifteen, twenty, thirty, even thirty-six hours without being really tormented. But it is a peculiarity which is important not to forget in practice :—that it is not rare to meet with persons affected with this kind of retention, who, having passed a few tablespoonfuls of urine, believe they have completely evacuated the bladder, while this organ still remains full. Several facts of this kind have presented themselves at the Hospital. And there is one amongst others which deserves to be known.

In the course of the winter of 1838, a man about 50 years old, presented himself at the consultation of M. Velpeau; he had been affected with retention of urine for some years. He said he had made water a few hours before. After a short examination, M. Velpeau told him his bladder was still full, and that he would draw off his urine for him. Indeed, a catheter was introduced, and gave issue to a quantity of urine, to the great astonishment of the patient.

It is of importance, then, added M. Velpeau, not to believe what the patients say upon this point; we must carefully examine the hypogastrium, and assure ourselves of the state of the parts. When we feel, in this region, a round ovoid tumour, which passes down towards the pelvis, we may be sure that the bladder is not empty, and that the portion of urine voided by the patient, has only passed by engorgement. In this case, we must sound the patient.

Here a false diagnosis of the nature of the disease may cause numerous obstacles. Indeed, if impressed with the idea that the affection depends upon a stricture of the urethra, we attempt to enter the bladder by the means the most generally directed and chosen; the bougies, whether cylindrical or conical; of cat-gut or elastic, or even the common bougies, when arrived beneath the arch of the pubis, rarely fail in being arrested. It is the same with straight sounds, whatever may be their volume or nature.

Small sounds, with a large curve, rather angular than in the form of an arc of a circle, are equally very difficult to introduce. Moreover, we must add, that the difficulties in introducing the catheter, are far from being dependent upon the same mechanical cause in all cases. Thus, if it depends upon fungosities, or longitudinal excrescences, situated on the inferior parietes of the prostatic portion of the urethra, all kinds of sounds or bougies are exposed to nearly the same difficulties.

When there exists a pyriform tumour, greatly enlarged towards the point of the triangle of the bladder, simple and conical bougies, the same as small sounds, enter with considerable facility. If the enlargement of the prostate occupies particularly one of the sides of the gland, so that the root of the urethra is much altered from its course; scarcely any instrument, but the elastic bougies and catheters can pass by following the tortuosities of the canal. But in the cases of transverse folds, or vascular excrescences, like those which exist so frequently at the union of the neck of the bladder with the urethra, pointed or small bougies—instruments of which the curve does not continue to the point—will not penetrate, or only with hazard. The difficulties even of the introduction, strengthen, in such cases, the error of the surgeon, and give him the conviction that there exists a stricture of the urethra.

To succeed in such cases, it is necessary to have an instrument regularly curved towards the end; and of sufficient volume, that it will constantly keep applied to the superior surface of the urethra, in passing beneath the arch of the pubis. You can scarcely form an idea of the advantage of this description of curve. Nevertheless, we may understand it by remarking, that the most of the instruments made by the instrument-makers, although greatly curved towards the handle, are also nearly straight for the extent of a few lines from the point; now this direction of the point acts in such a manner, that an instrument, even in passing the prostatic portion of the urethra, strongly curved, enters with the same difficulty, as if it was straight from one end to the other. The extremity necessarily entangles beneath the projection of the parietes of the urethra; enters, as it were, a cul-de-sac, raises it, and pushes it more or less backwards, but does not enter the bladder. If, on the contrary, the curve of the sound is continued to the end, when even this curve does not extend beyond 1½ inch or two inches from the point, this disposition is sufficient to avoid this obstacle in the most of cases. In this form, the point of the instrument, arrived at the symphysis pubis, continues closely applied, and rises behind it, in such a manner as to avoid with facility the pathological projection, and enters the bladder.

A difficulty in the introduction of the catheter, in serious cases, and which is not sufficiently studied, or not well understood, arises from the situation which the bladder takes in the lower part of the abdomen. It is generally believed that the bladder, when distended with urine, presently fills the whole of the cavity of the pelvis, and that the lower portion is depressed as much more towards the perinæum, and presses as much more on the rectum, as it proportionally rises in the hypogastric region. But this is an error I have long mentioned, and which it is important to be corrected.

Most frequently, when the finger is introduced into the rectum of a patient affected with retention of urine, it presently arrives in a sort of cavern, in a void space, which astonishes the surgeon. It is only on bending it forward, and introducing it further, that we feel the urinary bladder distended, so that instead of being in the cavity of the pelvis, it has escaped from that excavation, and remains, in some sort, at ease in the abdomen. This is a fact I have frequently observed, and which is explained very naturally. Indeed, in the normal state the bladder, moderately distended, remains freely in the excavation of the pelvis; but if the accumulation of urine doubles or trebles its volume, it ceases to be able to be contained in this cavity, and is soon forced to rise into the hypogastrium, enlarging more and more; in a short time the distended portion is felt above, whilst the superior margin of the pelvis embraces it below like a collar, and gives to it somewhat the form of a bottle, the neck of which looks downwards. Moreover, the bladder in this case undergoes the same changes as the uterus in pregnancy, which remains without difficulty in the cavity of the pelvis during three months, but is afterwards obliged to abandon it, to enlarge in the cavity of the abdomen.

The result of this peculiarity is, that the root of the urethra may be drawn to a great depth and considerable height in the interior of the pelvis, behind the pubis; and further, that the prostatic portion of this canal is more curved than in the natural state, having the concavity looking anteriorly; from this we also see the reason of the success which attends the employment of instruments having a regular curve.

In the introduction of the catheter in these cases, great assistance may be derived from the introduction of the finger into the rectum to a certain depth, and then bending it forward in the form of a hook, so as to seize the sphincter, which is drawn towards the root of the scrotum, causing it to glide on the catheter, which we endeavour to introduce with the other hand, keeping it applied to the posterior surface of the pubis until it reaches the bladder. This action of the finger, transformed into a hook, manifestly diminishes the elevation and the length of the inferior parietes of the urethra in the part which is

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deviated from its normal state. By this proceeding, it frequently happens that the projection, the fold, or the tumour, against which the instrument comes disengaged, becomes effaced, and leaves the catheter quite free to enter the bladder.

I have said that large sounds, all other things being the same, will enter with much more facility in the cases we are now considering, than small sounds; because a large sound, when it arrives in the prostatic portion of the urethra, cannot be arrested by those thin valves, those small folds of the mucous membrane, like small instruments. The large sounds obliterate the folds with as much proportionate facility as they fill the canal completely. It is evident, moreover, that in those cases where the anterior prominence of the triangle of the bladder is considerable, these large sounds, with the point so curved as not to be entangled beneath it, will penetrate with considerable facility into the bladder. To resume, the urethra being rather deviated from its natural course, obstructed or thrown into folds thus strictured, we readily understand that an instrument which will perfectly fill it will traverse it better than a slender one, susceptible of being arrested in all the folds, in all the lacunæ, in all the excavations which it may encounter in its passage.

Some years ago, when a distinguished surgeon of Lausanne, M. Mayor, came amongst us to sustain that, to overcome a stricture of the urethra, we must employ a sound, as much proportionally stronger as the stricture is more considerable, he produced a great emotion in hospitals of the capital; when, as for me, I was convinced that it was sufficient to change a few words on the proposition of M. Mayor, to prove him completely right or completely wrong. Indeed, when the axiom of M. Mayor was applied to retention of urine, produced by disease of the prostate, we had a practical precept perfectly exact; whilst it is perfectly false, and may even be very dangerous, if we apply it to stricture of the urethra properly so called. It is probably by falling into the same confusion that a celebrated surgeon of Bordeaux, M. Chaumet, and many other practitioners, have, following the surgeon of Lausanne, vaunted the employment of large sounds in strictures of the urethra.

I must further add, that there are some cases of retention of urine from disease of the prostate gland, in which the introduction of the catheter is not more difficult than in subjects in perfect health, viz., when this retention depends upon a polypiform or globulous tumour, or upon a tumour of the form of a cock's-comb, having an antero-posterior direction. All kinds of instruments in this case penetrate with the same facility. The sound passes to the right or to the left of the pedicle of the tumour, which it flattens more or less, and thus enters without obstacle into the bladder. In these cases, the mechanism of the retention of urine is as easily explained as the facility of the introduction of the catheter. Indeed, the tumour, enlarged towards the bladder, and pushed forwards as to be expelled from this organ, engages in the root of the urethra, in the manner of a cork, and presently prevents all issue of the urine, and that proportionately more complete, as the efforts are more violent for the expulsion. On the other hand, the sound which enters from before backwards, and which passes from the summit towards the base, and by the side of the cork, or pushes it back, cannot be arrested by it, and enters without difficulty into the bladder. All this being well understood, continued M. Velpeau, and all the preceding precautions taken, we will rarely be exposed to the necessity of puncturing the bladder—of tearing the urethra—of causing false passages in the prostate, or of producing that true havoc beneath the arch of the pubis, in the prostatic region of the excretory organ of the urine, which so frequently happens to those who confound retention of the urine from disease of the prostate, with that which depends upon a real stricture of the urethra.

The retention of urine being overcome, we cause one of the consequences of this disease to disappear; but the original disease does not exist the less. It remains for us to point out what are the means by which it may be attacked, and what degree of confidence these resources of art ought to inspire us with in such cases.

UNIVERSITY COLLEGE HOSPITAL.

CONTRACTIONS OF THE LOWER EXTREMITIES, CURED BY OPERATIONS.

M. S., aged eight years, was admitted June 7, under the care of Mr. Liston, with her lower limbs in an extremely crippled state. Her mother states that she was very weakly, and backward in her growth as an infant, and was unable to sit up and walk even at the age of three years, owing to weakness in the spine; this she ascribes to her being a seven months' child. When she was in her fourth year, during teething, she had convulsions, after which contractions of the lower limbs took place, and she has never yet regained the power of sitting upright. On admission, the deformity was obvious, for the child, when attempting to stand, rested on the points of the toes with the knees and thighs so much bent, that progression was impossible. The thighs could not be separated from one another. Mr. Liston, on examining the limbs, observed, that there was extreme contraction of the muscles on their posterior aspect, as well as of the adductors of the thigh, and recommended their division under the skin.

The child was laid on the table on her face; and while the limbs were forcibly extended, Mr. Liston divided the tendons of the hamstring muscles of both sides, then the tendo Achillis of the left side; and in the groins the tense cord formed by the origin of the adductor longus. After the operation, the joints admitted of pretty extensive motion. In a few days the extension was kept up by placing splints under the limbs, and keeping the thighs well separated.

July 16. Jointed splints with extending screws have been applied behind the knee joints, as also the usual apparatus to bring the heel in contact with the ground.

August 1. Since the last report the child has considerably improved, and is now able to walk on the flat of the foot with very little assistance. Her movements are necessarily awkward, as she has never, till now, learned to walk.

HYDATID TUMOUR IN THE LOINS.

Mrs. C., aged 50, and, apparently, much older, of spare habit and healthy, was admitted August 2, under the care of Mr. Liston. She has for many years been employed in washing and mangling; has had eight children, and several miscarriages. The youngest child is now seventeen years of age. About seven years since, she first experienced some pain and weakness in the loins, which drew her attention to a swelling in the right loin. This increased slowly, and occasioned some inconvenience in her avocation. The growth of the tumour was attended by a frequent pain of a darting character, which became more severe on any exertion. Catamenia ceased five years ago, and their cessation was followed by increase in the size and painfulness of the tumour. Within the last six weeks another swelling has appeared, situated about a hand's-breadth above the original one.

On admission, the tumour presented the appearances of a chronic abscess, forming two considerable prominences between the last rib and crest of the ilium close to the spine. Fluctuation was distinct, and indicated a communication between the two swellings. Mr. Liston advised its evacuation, and entered a bistoury, in a depending point, to a considerable depth. A quantity of turbid serous fluid escaped, which was followed by portions of torn cysts and a number of hydatids to the amount of nearly a quart. These bodies were globular, varying in size from that of a walnut to a pea; they were transparent, and contained fluid of a black colour. The cyst was nearly emptied of its contents by pressure, and the opening closed by plaster, supported by a compress and bandage.

August 4. The plasters have been loosened by suppuration, and the tumour has regained its original bulk, attended by pain and slight inflammatory fever. The cyst was evidently filled by bloody effusion. Fomentations to be applied to the part. To take aperient medicines.

5. There has been a copious discharge from the wound, consisting of pus and a great number of shreds of cysts and some complete hydatids. The odour of the discharge is very similar to that of liquor amnii. The patient appears much relieved by the discharge.

14. Suppuration has continued to be profuse, and as it had not a sufficient outlet, the opening was dilated, and gave exit to several ounces of healthy purulent matter.

17. Wound discharges much less. Patient is quite convalescent.

SCIRRHUS OF THE BREAST, WITH HYDATIDS.

Sarah W——, aged 42, was admitted, May 14, under the same surgeon. She is married, but has never had children; has always enjoyed excellent health. Catamenia have been always, and are still, regular. Nineteen or twenty years since, she first observed a small and hard swelling in the left breast, which has been gradually increasing up to a twelvemonth ago, and since then has increased more rapidly; the growth has not been attended with much pain until lately.

The tumour is now as large as a hen's egg, and is situated at the lower part of the mamma towards the axilla: it has the characteristic hardness of scirrhus in some parts, and in others feels like indurated lymphatic glands. The skin is not discoloured, nor adherent to the tumour, which is also extremely moveable on the pectoral muscle; there is no retraction of the nipple. The patient complains of darting pains in the swelling reaching to the axilla, particularly on moving the arm; the glands in the axilla are unaffected, and the patient's health is very good.

Mr. Liston advised the removal of the tumour, and the patient was ordered an aperient. On the 17th, the operation was performed. The patient was seated with the arm separated from the side; Mr. Liston, with a scalpel, cut down upon the tumour in the direction of the muscular fibre. The first incision opened a cyst, from which several small globular hydatids escaped; the skin was now reflected on each side, and the cyst dissected out nearly entire. On a section of the tumour, it was found to consist of a hydatid cyst, and partly of scirrhus deposit. The wound was dressed with lint and cold water until all oozing had ceased, when the edges were brought together, and retained by suture and isinglass plaster.

20. The wound has united in part, the remainder suppurating freely. Zinc lotion to be applied, and the parts supported by compresses on each side of the wound, and a bandage, with a sling to support the hand and arm.

June 5. Discharged cured.

CHIMNEY-SWEEPERS' CANCER.

Case 1.—W. C., aged 24, was admitted July 22; the same surgeon. Is a chimney-sweeper, having been apprenticed to the trade at the age of seven years.

It was two years ago when he first perceived a wart on the left side of the scrotum; this increased slowly, until it attained the size of "the top of his thumb." It was very prominent, and accompanied by frequent lancinating pains. Five weeks ago, the surface broke, and discharged a quantity of offensive matter, leaving an open ulcer. On admission, the sore, which was as large as a crown-piece, presented the usual characters of cancer of this part; the surface was smooth and florid, with the edges prominent and much everted; the discharge sanious, and rather fœtid. The base was indurated, but nowhere adherent to the testis, which, with the cord, was perfectly free.

The inguinal glands, however, were much indurated, and have been the seat of lancinating pains since the ulceration.

July 26. Mr. Liston proceeded to remove the affected parts, and decided on including the glands in the groins, which were most probably involved in the disease.

An incision was made round the ulcer, and the included parts dissected away down to the tunica vaginalis; the incision was then carried outwards along the flexure of the groin, so as to expose the lymphatic glands. These were also dissected out carefully, but with some difficulty, owing to the glands being matted together, and having deep connections.

After the ligature of a few small vessels, lint dipped in cold water was applied, and when all oozing had ceased, the edges of the wound were approximated by some points of suture and strips of isinglass plaster, assisted by position of the limb.

28. Union has entirely failed, owing to inflamma-

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tory swelling of the part, and effusion of bloody serosity, the edges of the wound are much separated, and there is copious serous discharge. Sutures and plasters are to be removed, and warm water-dressing applied.

30. Suppuration is fairly established. Zinc lotion applied and compresses on each side of the wound in the groin, with the spica bandage. The scrotum well supported.

August 7. The wounds have granulated quickly, the tunica vaginalis being entirely covered in by the scrotum.

17. The parts are now entirely healed. The patient to be discharged.

Case 2.—James O——, aged 34, was admitted August 5, also under Mr. Liston. Is a sweep by trade, and acknowledges that he has always neglected to wash the soot off his scrotum. He first perceived a small wart on the right side of that part near the raphé, which gradually increased; and five months ago the surface cracked, and became covered by a prominent crust, which separated, and was followed by others, until open ulceration took place. He has suffered only slight aching pain.

On admission, the sore had precisely the same appearance as that in the preceding case, only that it was rather smaller, and the inguinal glands were unaffected.

August 6. Mr. Liston removed the diseased parts in this case, by raising them in a fold of the scrotum, transfixing this and cutting to the surface on each side of the ulcer. Two other warts were afterwards removed, and lint dipped in cold water applied. No attempt was made in this case to obtain union, and the wound suppurated freely. Tepid water-dressing, and the parts well supported.

17. The wound has nearly healed. To be discharged.

FATTY TUMOUR BETWEEN THE ROOTS OF THE FINGERS.

August 12. Mr. Liston to-day removed a fatty tumour from this situation, of considerable size, and extending deeply between the bones of the phalanges of the index and middle fingers.

Mr. Liston observed that this was a very unusual site for adipose swellings, although ganglia and encysted tumours were of frequent occurrence in this situation.

MIDDLESEX HOSPITAL.

CALCULUS IMPACTED IN THE URETHRA—RETENTION OF URINE—OPERATION. CLINICAL REMARKS BY MR. ARNOTT.

Peter Howman, four years of age, was admitted March 23rd, under the care of Mr. Arnott. His mother states that the little fellow has had difficulty and pain in making water since the 17th, that for the last two days he has passed none at all, and that for the last 36 hours he had been very drowsy, only occasionally arousing himself and crying. He is now in a state approaching to stupor. The bladder is felt greatly distended, rising above the umbilicus. There is some œdema of the scrotum.

On attempting to introduce the catheter, it was stopped by a calculus in the urethra. The stone could be felt externally, and was seated in that portion of the canal covered by the scrotum. An endeavour was made to extract the foreign body, but without success, and Mr. Arnott was sent for. On his arrival he repeated the attempt with different kinds of forceps, and failing to move the stone forwards, he endeavoured to push it back behind the scrotum by means of a bougie, but it could not be displaced. He then tried to pass the curette of a small director; and then one blade of a pair of forceps was attempted to be passed between the calculus and the urethra, with a view to dislodge it, but unavallingly. The stone was then cut upon through the scrotum, and removed, the incision in its posterior part being made very free. The calculus was of an oval form, half an inch in length, and in its smallest diameter corresponding in size to No. 12 of Sovigny's bougie gauge. A large gush of urine followed the removal of the foreign body. Its removal was facilitated by the sides of the wound being held asunder, and the right testicle, included in its tunica vaginalis which protruded, being supported. The wound was left open. The boy was only momentarily roused by the pain of the operation from his state of stupor, and immediately again relapsed into it. Some hours afterwards, by pressure on the lower part of the abdomen, urine to the amount of about half a pint was made to flow through the end of the penis, in a full stream, without its being awoke.

24. The stupor is decidedly diminished. The nurse asserts that the urine passes by the natural passage, but some of it evidently comes by the wound. The tumefaction of the scrotum has increased, accompanied by redness of the integument. There have been two confined motions from the bowels. To have five grains of compound scammony powder directly. Lead lotion to be applied to the scrotum.

25. Drowsiness gone; urine flows wholly by the wound; scrotum tense and very red, pulse frequent; bowels well opened. Continue the lotion. The urine to be drawn off by the catheter.

26. Urine again drawn off this morning, and the catheter, of elastic gum, left in the bladder. The child is not thirsty.

27. Swelling of the scrotum much lessened. No urine has passed through the catheter, the plug of which was left out; it has escaped through the wound: the catheter, therefore, was withdrawn.

29. In his lecture to-day, Mr. Arnott observed, that the symptoms in this case, at its admission, were of extreme urgency, and called for immediate relief. There was the stupor, soon to be followed by coma which so frequently supervened and proved fatal, in cases of direct suppression of urine, or of retention indirectly producing the same result. There was also, the more immediate danger of the uncommonly-distended bladder giving way, by its becoming inflamed at one point, and yielding either by ulceration or sloughing, for this was the mode by which rupture of the bladder was produced in these cases. There was the risk also of the urethra bursting at the point where the stone was impacted; an occurrence which would be followed by extravasation of urine and its direful effects.

It was a common enough occurrence in boys at an early age for urinary calculi to be arrested in their course through the urethra. The spot where this arrest more frequently took place was just within the termination of the canal of the glans penis. Mr. Arnott exhibited to the students several stones which had been removed from this situation; some of them by forceps; some turned out by a probe or director; and others, for whose removal it was found necessary to enlarge the opening by a touch of the bistoury, to admit of their extraction. When calculi became fixed lower down in the urethra, they required to be removed by the forceps; and when, as in the present instance, this could not be effected, they were to be extracted by making an opening in the passage through the integuments over them. Now it was far from a matter of indifference where this opening was placed, A wound made through the perinæum into the urethra healed kindly enough; but when an incision was situated anterior to the scrotum, it was very slow indeed in doing so, and was apt to become fistulous from the urine passing through it.

The last case of the kind which had come under his observation, and in which a large calculus was removed by making an incision just anterior to the scrotum, in a lad of seventeen, the aperture was two months and a half in healing.

In the present instance the calculus was fixed in a still more unfavourable position, being not only in the pendulous part of the penis, but where the urethra was covered by the scrotum. For the reasons then just stated, when he found himself unable to remove the stone by the forceps, he endeavoured, unsuccessfully, to force it back behind the scrotum, or to some situation where he should have preferred making an incision. When this could not be effected, the incisions were made through the posterior part of the scrotum, in preference to the anterior, and very free so as to allow of a ready exit to the urine, and to prevent its extravasation into the loose cellular substance of the scrotum. This freedom of incision was attended with the temporary disadvantage of the testicle of the side on which the incision was made, inclosed in its tunica vaginalis partially protruding through the wound; but this was a trifling evil to that which would have resulted from infiltration of urine. In the present case the disadvantage in question had ceased, as the testicle no longer protruded.

In the case under consideration, there was swelling of the scrotum, on the boy's admission. This symptom, taken in connection with the situation of the calculus, caused a momentary suspicion that the urethra might already have given way. He considered it, however, a simple inflammatory œdema; and the pupils had observed, that although on the day following it had greatly increased with redness of integument, no sloughing had taken place; a circumstance which would certainly have occurred in thirty-six hours, had it depended on extravasation of urine. In this case it disappeared under the use of the lotion. Any irritation in the part of those adjoining, was apt in the child to be followed by serous exudation. He had more than once been called to see children with retention of urine, supposed to depend on inflammatory phymosis, which had been present with great swelling of the prepuce. But on slitting up the prepuce, no urine flowed, and a calculus was discovered arrested in the place already mentioned, just within the opening of the urethra. The irritation of the calculus in this situation, has caused the inflammatory œdema of the prepuce and phymosis, in addition to the retention of urine. It would be observed by the marks on the calculus in Howman's case, that he had only grasped the anterior part of it in his endeavours to remove it with the forceps. In fact, it so completely filled the urethra, that he had not been able to pass one blade between it and the parietes of the canal. With regard to the future progress of the case, he had no doubt that it would do well, but the wound would be tedious in healing.

March 31. The child has got measles, which are prevalent in the hospital. Urine flows both ways.

April 4. Desquamation taking place; prepuce œdematous: all the urine comes by the wound.

8. The nurse showed some urine which she had saved: it presents a muco-purulent deposit, and comes entirely by the wound. One ounce of decoction of pariera brava three times a-day.

10. Urine clear; prepuce less œdematous. The nurse states that one-third of the urine comes by the natural passage. Child has irritable bowels and aphthæ on the tongue. Two grains of mercury with chalk twice a-day. A mixture of borax and honey to be frequently applied to the mouth. Continue the decoction.

17. Aphthæ have disappeared; urine continues clear. Omit the decoction, and the mercury with chalk.

19. A collection of matter has formed in the right groin: it was evacuated to-day. The child has meat.

22. Does not hold his water; wets his bed. Repeat the decoction, with a drachm of vinum ferri in each dose.

26. Holds his urine; does not wet the bed: water flows chiefly by the end of the penis.

29. Nearly the whole of the urine comes by the urethra.

May 1. A small compress of lint placed on the wound at the back of the scrotum, and retained there by strapping.

3. Not a drop of urine now passes by the opening that existed in the scrotum, which, on the

8th, was quite healed, and the patient was discharged.

EFFECTS OF CALCULUS IN THE FEMALE CHILD.

By G. A. Rees, M.R.C.S.

Ruth Mole, aged four years, was brought to me labouring under retention of urine, the mother stating that the child had not passed any water for two days and nights, and that the bowels had not acted during the same time.

July 12. There is considerable fever; great pain; constant moaning; the head hot, and tossed from side to side; the pulse small and frequent; the tongue dry, and covered with a brownish coating; there is some delirium; the abdomen is hot and tense; the bladder perceived to be much distended, extending up to the umbilicus; the external organs of generation are inflamed; the clitoris distended; the nymphæ slightly œdematous.

The distress of the child demanding immediate relief, a flexible catheter was introduced, and twelve

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ounces of turbid urine were drawn off, and an active aperient was ordered.

13. Immediate relief followed the abstraction of the urine, and the child slept for four hours. The bowels have acted twice freely; there is constant inclination to go to stool, and considerable straining, causing the bowel to prolapse. No water has passed since yesterday; the bladder is again palpably distended, and the same state of the external organs perceptible, but the fever has much abated.

The prolapsus ani and the state of the external organs of generation so analogous to what occurs in boys with retention of urine from urethral calculus (in whom the erection of the penis with œdema of its integuments are the principal symptoms), led to the suspicion that the cause of retention in this instance might be calculus, which suspicion was found to be correct, by the introduction of a probe into the urethra. It was, therefore, determined to leave the bladder as it was, unless urgent symptoms supervened, in the hope that the pressure of the urine might expel the stone from the passage.

14. The child is much the same in all respects, but the urine has dribbled away in small quantities since yesterday. The stone may be felt with a probe still lodging in the urethra. After a little trouble, this was caught hold of by means of a small pair of common forceps, and brought forward to the orificium urethræ, through which its size prevented its coming without violence sufficient to produce laceration; a small incision was, therefore, made, as less likely to be followed by incontinence of urine, and the stone extracted.

16. All symptoms relieved, but there is incontinence of urine.

22. The child is free from all symptoms, the incontinence of urine having ceased for the last four days.

The calculus is five lines in diameter, weighs eleven grains, and is nearly perfectly round. I believe a calculus of any other shape *could* hardly produce such symptoms in the female child.

ON DISEASE IN THE ANTRUM MAXILLARE.

By John Howship, Surgeon to Charing Cross Hospital.

Disease in this cavity is rare; when present, its discrimination is easy. Although its mucous lining is continuous with that within the nose, the communication is so restricted, that the effects of cold or inflammation seldom extend into the antrum; a circumstance lessening the chance of these accidents, yet proving a source of additional embarrassment when they do occur.

In severe cold, affecting the antrum, I have found the patient complain of a deep-seated aching pain within the cheek, directly below the eye and above the mouth. For its relief, after attention to the bowels, saline diaphoretics, anodynes, a light diet, with strict confinement to a moderately warm apartment, have succeeded in its removal.

Should the irksome pain, after some days, be relieved only, the mucous secretion may become purulent. The patient may find purulent matter flow from the nostril in lying on the opposite side; so that if the affection be in the left antrum, and he reposes on the right side, pus will flow from the left nostril. This I have known, in a few instances, subside in a little time and end well; but should it continue, the discharge may become unhealthy; and to bring the complaint more within reach, a molar tooth must then be extracted, and a trocar carefully passed through the alveolus into the antrum, that the matter may flow off, and the cavity be daily washed out with some warm emollient or astringent injection; a treatment often successful.

Again, the formation of matter, external to the antrum, may so disturb the periosteum, as to excite absorption of the bone. A young woman, H. N., had for many months a small soft tumour in the cellular membrane, in front of the left antrum, just becoming painful. I desired it might be fomented, and in two days it broke through the gum, discharging blood and matter. A probe introduced, passed by the opening above the alveolar line, through the bone into the antrum, on the opposite side of which the probe came in contact with the membrane lining the cavity. This patient eventually recovered.

The most serious complaint to which the maxillary antrum is liable, is that in which the lining membrane becomes converted into a soft fungus or a cancerous tumour, occasionally connected with polypus in the nose. This disease in its progress and results is truly terrible; the tumour, as it increases, presses upon the sides of the cavity, inducing absorption of its parietes. It presents a soft elastic tumour on the cheek, in its advance compressing and destroying the eye, loosening the teeth below, or protruding them downwards with a spongy, hæmorrhagic tumour into the mouth, or extending into the nose, with hideous deformity, or backwards and upwards into the cranium, with compression of the brain and coma, hastening the sufferer's final release from pain.

Of late, in some few cases, a line of discrimination has been usefully drawn between malignant disease and the fibrous or fibro-cartilaginous tumour, in this situation; the distinction being drawn from the presence of the peculiar sense of heat and darting pain in the disease and head, or the ascertained softness of the medullary tumour, with bad general good health; contrasted with the absence of these circumstances, the freedom from pain, and the possession of good general health. But notwithstanding these means of discrimination, and notwithstanding the daring spirit of modern surgery, the operations performed for the extirpation of these diseases have not very frequently been successful.

Cancerous Tumour in the Antrum.

J. P., a middle-aged woman, complained to me of having been troubled for many months with polypus in the left nostril, with frequent severe pain in the forehead and side of the head. These symptoms, descriptive of a malignant tendency, prevented any thing being done that might aggravate the disease. The pain was alleviated by opiates, but the distress and swelling nevertheless increased, with absorption of the surrounding bones, enlargement of the tumour, outwards, on the cheek, and frequent bleedings; under which, in a few months, she sank and died.

Malignant Tumour in the Antrum.

A lady, Mrs. A., consulted me for a small, soft, elastic tumour on the left cheek; in the mouth, the molar teeth on that side gone, the gums were protruded downwards, as a tense tumour; in these directions the bones being already absorbed. She said the complaint gave little uneasiness beyond temporary shooting pains or occasional bleeding. Several of the most eminent surgeons had been already consulted. The opinion I delivered to the friends was, that the disease was of the most serious character, and not likely to admit of relief by any operation. The progress of the disease in this case had been rapid; in other instances it is more slow, dependent on its different degress of active malignity.

Fibrous Tumour in the Antrum.

J. L., 50, had for twenty years had a complaint in the antrum; it commenced as an abscess under the left eye, discharged blood and purulent matter by the left nostril whenever he lay on his right side, and still continued to do so.

Eighteen months before I saw him, he observed that tea taken into his mouth would sometimes pass (through an opening from which a tooth had been extracted) into the antrum, and thence out by the nostril. I removed a tooth next to this opening, and soon afterward a tough mass of spongy fungus projected, and spread beyond the line of the teeth, from the opening by which a probe passed readily into the antrum. A ligature, placed round the neck of this tumour, in a few days dropped off. His health, however, was excellent, and his strength and spirits unimpaired.

Cancerous Tumour in the Antrum.

R. M'M., 67, complained of a small soft tumour on the left cheek, which he thought arose from a decayed tooth just beneath. I extracted a carious bicuspid, and passed a trocar carefully up into the antrum. Introducing a probe, it was felt to pass through a soft hæmorrhagic fungus to the opposite side of the cavity. The man said that the left eye had at first been severely injured, and that the pain of it seemed to settle down into the cheek, where, after some time, the little swelling appeared.

The severity of pain became so great in the progress of the complaint, as to preclude any attempt at relief, except by medicine. The frequency of hæmorrhage from several ulcerated openings upon the tumour, the fœtid secretion from the membrane lining the nasal passages, and the constant pain, all tended to exhaust the vitality of the mass, which sunk into mortification, and destroyed the patient within the twelvemonth.

Post-mortem.—I found the soft tumour reduced to a putrid pulp, the walls of the antrum and alveolar circle being extensively destroyed by absorption, but no new bone deposited.

SIDE-SLIP FOR QUACK'S CORNER.—NO. XII.

"He starves at home; or practises, through fear of starving, Acts which damn all conscience here."
Anon.

"The strolling tribe, a despicable race,
Like wandering rats shift from, place to place."
Anon.

"*The* Deaf *make* Bad *Patients!*"
Lancet.

"These fellows continue vagabond, and are despised."
Erotian.

"Deaf Doctors should never move in a circle, nor come back the same way, for they always find their patients gone out again, and as bad as ever!"—*Professor Macartney.*

It may naturally be asked, "If Aurists, as Quacks, exclusives, and subdivisionists, be a fictitious and superfluous class, why the public can be so besotted as to remain in a state of delusion, and still persist in having recourse to them."

We think this question is very readily solved. It arises out of the incapacity and Malus Praxis, formerly, and now, of medical men, in treating the ear, and the injurious blunders which numbers of them have committed, from ignorance, neglect, or rashness.

It arises as a second cause from the artful, specious, sophisticated, and mystified manner in which the effusions of the Aurists are wrapped up and printed, full of exaggeration, puff, falsehood, secresy, and mystery, to dupe and delude the simple and credulous portion of the public. We have not leisure to vitiate our taste, or wear out the patience of our readers and ourselves, by reviewing all the prolix scribblings of the pure Aurists infected with the *cacoëthes scribendi*. We shall by-and-bye take one, to "show up" their style of writing, in confirmation of what we and others have already asserted, in a critique never before published. So far, it is indicting of a good matter, and we cannot be better employed.

Mr. Abernethy sagaciously said something of this sort: "Quacks and Aurists sometimes make cures in cases in which the regular men fail." It must be acknowledged to be one among other reasonable causes of prejudice in the public mind against the interference of the practisers of surgery, and general practisers in the diseases of the ear, viz., the mischief and blundering which many of them commit, where they meddle without a *special* knowledge and skill in these cases, and use violent or hazardous means. We have known men who have done mischief by interfering with the ear, in consequence of their slothful and disgraceful ignorance of the most common principles on which they ought to proceed. In the country towns and villages, ordinary persons, and particularly meddling women, pretend to know of this case and that case, and go from house to house to a deafening patient, and recommend this or that trash, or nostrum,—for they "knowed Miss so-and-so," who put onion juice, or her own urine into her ears, and *got well*, and hundreds of other messes, raked up from John Wesley's, or other old lists of popular nostrum-mongers' fooleries. The ignorant and conceited can never be taught, that, when they spout their nonsense about cures, they are confounding cause and effect, by no better

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reasoning than that fallacious and contemptible logic, which has been so often deprecated by all men of sound understanding, the "*cum hoc ergo propter hoc*," trusted to as an argument in the results of cases, but which is a mere "*non sequitur*" and sophism in logic and nature; that is, in simple words, it does not follow, because there is a disease, and some nonsensical remedy may be used (even if the patient recovers about the same time, or afterwards), that this same thing which they recommended cured it; for the result only shows that the cure might take place at the same time, from chance, accident, coincidence, or other unperceived and natural causes which they are incapable of detecting. Herein is the absurdity of the ignorant mind, in accounting for causes of cures by the effects of supposed remedies they know nothing at all about.

If a man, upon the strength of his general reputation, and the confidence which it has acquired for him with his patients, ventures to take a dangerous liberty with particular parts like the EAR, and the special treatment of them, without acquainting himself with its diseases by the sufficient and succinct course of studies, and authors, which we have recommended (as he may do with very moderate application, and as he would do in any other branch of surgery and medicine, if a studious and industrious man), he is not only a presumptuous blockhead, but, in case of death by his means, he deserves any punishment which public opinion, and even the defective laws of his country, can inflict on him for his conduct. It is an idle pretence and excuse in these cases of error, mistake, or rash experiment, to call mutilation, injury and disease of brain, and sometimes eventual destruction of life (as we have known happen in two or more instances), "a venial offence," "a mere error of judgment," in tampering with the ear. It is downright wilful ignorance, and criminal self-conceited temerity! If in any instance a man undertakes a case *bonâ fide*, and voluntarily, and is conscious at the time whether he is qualified to undertake it or not, he is not justified, if he has mistaken his *forte*, in creeping round the patient, and pouring his inapplicable and "leprous distilments" into his ear.

We shall proceed next to the springs and snares which that sly Renard, the Aurist, lays in his book-trap for the unwary and unsuspicious part of mankind, and to show in the end that they and their laudatory critics are afflicted with that kind of malady which Juvenal—

"Tenet insanabile multos scribendi cacoëthes."

FUSCUS-RIGDUM-FUNNIDOS, M.D., &c.

Quack's Purgatory, August, 1841.

(To be continued.)

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday, August 27th, 1841:—

John Marshall; John Henry Cooper; Henry William Parrell Davies; Ferdinand William Hutchison; Henry Gilbert Luttrell; Peter Brady; Robert Massey; James Phelan; Thomas Murray Farquhar; James Butler; Francis Hastings Baxter; George Munns; Thomas M. Evans; John Waggett; William Bates.

Admitted, Monday, August 30th, 1841.

Edwin Thomas Wait; John Little; Frederick John Ffolliett Payne; Matthew George Painter; George Alexander Waters; George Robert Ridley; William Edward Charles Nourse; John Bateman Wheelhouse; Thomas Holt; Samuel Hare.

Admitted, Tuesday, August 31st, 1841.

Thomas O'Birne; William Huggins; William John Bowden; Robert Malcolmson; William Theodore Elliott; John Whitmore.

THE CLAIMS OF ITALY TO THE INVENTION OF LITHOTRITY VINDICATED.

BY RAMBELLI.

Is lithotrity or lithotripsy a modern invention, belonging entirely to France? Let us examine history. In 1533, Alessandro Benedetti de Lelegnano described certain methods for the trituration of the stone in the bladder. In 1550, Alfonsi Ferri, a Neapolitan, invented an instrument, which he called after himself Alfonsino, for the extraction of bullets from gun-shot wounds, and which gave the idea of that which was in the sequel invented to extract and break the stone. In 1614, Baronio da Cremona first adopted the injection into the bladder of liquids to dissolve calculi, such as lemon juice, &c., and thus far preceded Hales, Langrish, Bater, Rutherford, Fourcroy, Vauquelin, and others. In 1626, Santorio invented a canula, which contained within it an instrument with three branches, which opened for the extraction of foreign bodies in the bladder or the urethra; and within this instrument he passed a stiletto for the purpose of perforating the calculus when he could not extract it entire. In 1679, Anton Filippo Cincci, a surgeon of Arezzo, published his *Promptuarium chirurgicum*, from which it is quite evident that he preceded all others in the invention of lithotripsy.

Ciucci flourished in 1670, and practised surgery in Macerato with reputation, after having passed two years of practice at Rome under Dr. Giovanni Trullo. Besides the Promptuarium, he wrote a treatise on the circulation of the blood, with an appendix on the plague, and dedicated it to Francisco Redi. In the second part of his Promptuarium, he asserts that among the many remedies invented for urinary calculi, there is not any to compare with the *tenacula tricuspis*; which instrument, he says, is not altogether different "a pede gryphio cum quo molæ ab utero educuntur," but is unlike it, "quia istud non habet acumina mucronata, sed retusa." He subjoins that "debet chirurgus et tenacula frustula diligenter quærere;" and that for the remaining heat and pain, "possumus injicere modicum lactis . . . . et sic absque incisione ad pristinam sanitatem languentem conducemus . . . . cito, tuto, et jucunde." Ciucci had such confidence in his method, that he himself submitted to it three times. He gives a representation of his tenacula, which, as already said, is very similar to the ball-extractor of Ferri.

Lastly, Santarelli, a surgeon of Rome, in his researches to facilitate catheterism (Vienna, 1795), proposes the straight catheter. Professor Cittadini, of Arezzo, compares the instrument of Ciucci, invented in 1679, with that of Civiale in 1823; he recognises a perfect similarity between the two, except that that of Ciucci is solid and full, and that of Civiale is hollowed for the passage of the lithotritor, which acts by boring and destroying the calculus.

From these circumstances it may be concluded that this most important invention does not belong either to Civiale or Gruithuisen (1813), or Egerton (1819), or Leroy d'Etiolles (1821) or Amussat (1822). All of these dispute the honour of having preceded Civiale in the invention and description of the operation of lithotrity; an operation which, it is evident, was imagined and executed by two illustrious Italians, Santorio and Ciucci.—*Il Filiatre-Sebezio. Marzo*, 1840.

THE OATH FORMERLY TAKEN BY THE FRENCH APOTHECARIES.

"I swear and promise before God, the Author and Creator of all things, one in spirit, and divided into three persons eternally blessed, that I will observe strictly the following articles:—First, I swear and promise to live and die in the Christian faith. Secondly, To love and honour my parents to the utmost; also to honour, respect, and render service, not only to those medical doctors who have instructed me in the precepts of Pharmacy, but also to my teachers and masters, from whom I have learnt my trade. Thirdly, Not to slander any of my ancient teachers or masters, whoever they may be; also, to do all I can for the honour, glory and majesty of physic. Fourthly, Never to teach to ungrateful persons or fools, the secrets and rarities of the trade; never to do anything rashly, without the advice of a physician, or from the sole desire of gain; never to give any medicine or purge to invalids afflicted with acute disease, without first consulting one of the faculty. Fifthly, Never to examine women privately unless by great necessity, or to apply to them some necessary remedy: never to divulge the secrets confided to me. Sixthly, Never to administer poisons, or recommend their administration, even to our greatest enemies; or to give drinks to produce abortion, without the advice of a physician: also to execute accurately their prescriptions, without adding or diminishing anything contained in them, that they may, in every respect, be prepared *secundem artem*. Seventhly, Never to use any succedaneum, or substitute without the advice of others wiser than myself; to disavow and shun as a pestilence the scandalous and pernicious practices of quacks, empirics, and alchemists, which exist to the great shame of the magistrates who tolerate them. Lastly, To give aid and assistance indiscriminately to all who employ me; and to keep no stale or bad drug in my shop. May God continue to bless me so long as I observe these things!"—*Pharmaceutical Trans.*

UNIVERSITY OF LONDON.

Bachelor of Medicine—First Examination, 1841.

SELECTIONS FROM THE EXAMINATION PAPERS.

ANATOMY AND PHYSIOLOGY.

1. State the principal variations found in the kidneys procured at Evans's and the Coal Hole; and likewise name the proportion of animal fibre in the rump-steaks of the above resorts. Mention, likewise, the change produced in the *albumen*, or white of an egg, by poaching it upon toast.

2. Describe the comparative circulation of blood in the body, and of the *Lancet*, *Medical Gazette*, and *Bell's Life in London*, in the hospitals; and mention if Sir Charles Bell, the author of the "Bridgewater Treatise on the Hand," is the editor of the last-named paper.

MEDICINE.

1. You are called to a fellow-student taken suddenly ill. You find him lying on his back in the fender; his eyes open, his pulse full, and his breathing stertorous. His mind appears hysterically wandering, prompting various windmill-like motions of his arms, and an accompanying lyrical intimation that he, and certain imaginary friends, have no intention of going home until the appearance of daybreak. State the probable disease; and also what pathological change would be likely to be effected by putting his head under the cock of the cistern.

2. Was the Mount Hecla at the Surrey Zoological Gardens classed by Bateman in his work upon skin diseases—if so, what kind of eruption did it come under? Where was the greatest irritation produced—in the scaffold-work of the erection, or the bosom of the gentleman who lived next to the gardens, and had a private exhibition of rockets every night, as they fell through his skylight, and burst upon the stairs?

3. Which is the most powerful narcotic—opium, henbane, or a lecture upon practice of physic; and will a moderate dose of antimonial wine sweat a man as much as an examination at Apothecaries' Hall?

CHEMISTRY AND NATURAL PHILOSOPHY.

1. Does any chemical combination take place between the porter and ale in a pot of half-and-half upon mixture? Is there a galvanic current set up between the pewter and the beer capable of destroying the equilibrium of living bodies?

2. Explain the philosophical meaning of the sentence—"He cut away from the crushers as quick as a flash of lightning through a gooseberry bush."

3. There are two kinds of electricity, positive and negative; and these have a pugnacious tendency. A, a student, goes up to the College *positive* he shall pass; B, an examiner, thinks his abilities *negative*, and flummuxes him accordingly. A afterwards meets B alone, in a retired spot, where there is no policeman, and, to use his own expression, "takes out the change" upon B. In this case, which receives the greatest shock—A's "grinder," at hearing his pupil was plucked, or B for doing it?

4. The more crowded an assembly is, the greater quantity of carbonic acid is evolved by its component members. State, upon actual experience, the *per centage* of this gas in the atmosphere of the following places:—The Concerts d'Eté, the Swan in Hungerford Market, the pit of the Adelphi, Hunt's

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Billiard Rooms, and the Colosseum during the period of its balls.

ANIMAL ECONOMY.

1. Mention the most liberal pawnbrokers in the neighbourhood of Guy's and Bartholomew's; and state under what head of diseases you class the spring outbreak of dissecting cases and tooth-drawing instruments in their windows.

2. Mention the cheapest tailors in the metropolis, and especially name those who charge you three pounds for dress coats ("best Saxony, any other colour than blue or black"), and write down five in the bills to send to your governor. Describe the anatomical difference between a pea-coat, a spencer, and a Taglioni, and also state who gave the best "prish" for old ones.—*Punch, Aug.* 1.

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*The published price, 3d., will be given for the following Numbers, 32, 33, 34, 41, 52, 53, 54.

All Letters, Communications, and Books for review, must be sent (free) to T. Bailey, 10, Wellington-street North, Strand.

THE MEDICAL TIMES.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 4.

"The whole existing fabric of Medical Polity is faulty from beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

(Continued.)

WITH respect to the registration, it has also been provided by Mr. Warburton that certain Medical Councils to be appointed are to have power by bye-laws to institute examinations, and appoint examiners, of all persons carrying on, or intending to carry on, the business of a chemist and druggist. They are to be examined in the Latin language, Pharmacopœia, articles in the Materia Medica, and the different doses of simple and compound medicines. This resembles the admirable and superior regulations of the *Pharmaciens* of France, of which we shall give a statement in our future SKETCH of the DRUGGIST. The union of the druggists with the Society of Apothecaries, as licentiates of other institutions had not been devised, was contemplated, and would have been the most natural and kindred alliance. The public and profession deserve to be protected, the one from the IGNORANCE and EMPIRICIDES of the DRUGGISTS, their ASSISTANTS, and APPRENTICES; the other from their unjustifiable, unaccustomable, and unprescriptive dabbling and quacking in prescribing and medical practice, of which *they know nothing*, and are, in all respects, *totally disqualified*. With such Competitors, Innovators, and Interlopers, as these persons, it is impossible that the general practiser, that is Surgeon-Apothecary, laborious and useful as he is, can long continue to subsist. No one must be suffered to walk out of his particular department. We rejoice that these druggists are to be examined, and confined to that elementary knowledge in which the English country retail druggists are generally grossly and disgracefully deficient, as a body.

But this arrangement is to be a VOLUNTARY System; he is to comply with the regulations made by the council and their bye-laws, if he chooses to do so; but he is to offer himself for examination, if he thinks proper; that the result of this same shall be reported to the council; that if found proficient, the council shall grant him a certificate stating so much; that he shall be registered as a certified chemist and druggist, with all the usual particulars; and that any person so certified is to be entitled to carry on the business of a chemist and druggist in any part of the British dominions.

The Druggists' Registry is to be printed and published as an appendix to, and together with, the first and second division of the register for that year of the Medical Practitioners of the country, for which the registrar acts.

All these provisions are in compliance with the propositions of the Hall witnesses, as will be seen by our Report of their evidence before the Medical Committee in 1834, in the articles headed "Laws against Quackery," &c. But it has ever been an axiom, that no voluntary or conditional system in law is ever complied with. We have had examples, for instance, in the non-operation of Gilvert's and the Guardian and Poor-law Act, and other instances of voluntary and conditional legislation proving abortive. The authority of the law will never have any practical effect, unless it be made *compulsory*, by a penalty for omitting to register, and, as Dr. Martin Sinclair says, "will not be satisfactory to the medical profession, or to the public." It will only prove so much lumber and dead-letter law added to the Statute Book, "Inasmuch as it gives chemists and druggists, and others, who have received *no* medical education *whatever*, the *option!* of undergoing an examination as to their fitness to carry on their business, and of registering their qualifications as certified chemists and druggists, as they may think proper, or otherwise; and if the registration be optional, no fund could of course be raised to make up the loss in revenue which would be incurred upon the extinction of the patent medicine and stamp duties;" (p. 18.), that is to say, Quackery is a monster, which is *not* to be made to eat off its own tail, after the manner of the venomous serpent of Æsculapius.

There are these incidental advantages of Registration which deserve to be noticed: by means of it we shall be the better enabled to cultivate accurate medical and vital Statistics, if it be kept up annually, and the obituary diligently attended to, and removals carefully noted by a separate list, and erasures. By comparing the annual proportions of deaths in the whole profession with the totals we shall be enabled to calculate with precision the average deaths, and the number of persons flowing into the profession to fill up the vacancies which, and other data, will enable us to judge at all times of the state of the profession, of its wants, and the alterations and regulations called for according to circumstances, which are for ever changing for good or evil, and too often past the control of man's greatest wisdom and judgment.

As to Mr. Warburton's proposition to register assistants, it is a matter of perfect indifference to us whether their names and ages, and qualifications should be stated below their masters. Their situation is so fluctuating, so uncertain, so poorly paid, and so obscure, that it is a matter of very little consequence, except so far as they meddle in practice, and perhaps commit more mischief from ignorance, or incapacity, than many of their masters, both ROUTINISTS and HEREDITARIES, SYSTEMATISTS and DOGMATISTS, of whom we do not think much. Mr. Hawes, it appears, required, in his abortive Bill, that these schoolboys should be enrolled in the pedagogue's list, so that their conduct might be detected at one glance as good, bad, or indifferent; and with respect to practitioners, it is a sort of proclamation, like that of the Roman physician, Symmactius, who displayed the pomp and prosperity of his profession by visiting his patients with a train of 1,000 pupils and slaves, to show what extent of practice Mr. A. has, how much Mr. B. has, and that Mr. C. keeps two or three assistants without any employment for their services, in hope of being one of the highly-favoured "elected counsellors." Mr. Hawes superadded to his Bill, that none but qualified assistants, with diploma or certificate to practise the art of medicine, should be employed: and, moreover, that the assistants of the chemists and druggists should have diplomas of qualification, after apprenticeships of seven years! (*see* p. 19.) All this is argued as objectionable for many reasons, but one is,—that many young men at present are in the custom of acting as assistants to practitioners for several months in the year, which supplies them with the means of going on and completing their studies, which source of emolument would be completely cut off by Mr. Hawes's Bill. (p. 19.) Whether these measures are expedient, or whether we should hold out means and inducements to needy men, without capital, to overstock a now vastly over-competed profession with hopeless speculators is a question which time and a little experience, and common sense, will settle. We have no occasion to carry wood to forest, nor water to the sea, as Horace says, nor coals to Newcastle, nor owls to Athens, as Byron witticises this folly; as we are already immensely too thick on the ground, and unable to get our own needments, to encourage other people's adventuring in the profession, by leaving the cow's tail and robbing the plough, is folly.

As to the Registration of Students, it has done more good than harm.

As to the College of Medicine, and the incorporation of the Profession, under the representative principle, and future fundamental government of the Profession, which fill up the scheme of Mr. Warburton's Bill, we have already discussed our own views of this matter in our articles on Colleges and Corporations, and we shall renew it in our forthcoming sketches of those bodies.

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CORRESPONDENCE

To the Editor of the "Medical Times."

THE STRICTURES ON MR. FARR, SURGEON.

SIR,—Having read your strictures on the above honourable member of the profession, given in your number of August 14, I beg to hand you a few more details, which tend to show the early bent of mind which disclosed itself in the youthful days of Mr. Farr, and the difficulties incident to his station and prospects of life, which he has so successfully overcome.

Mr. Farr was a native of the county of Salop, and was born at Dorrington, near Shrewsbury. His parentage was humble and lowly; but at a very early period he manifested a strong desire for learning and enquiry; steadily exploring all the sources of information within his reach; being extremely inquisitive on different subjects of interest, and prompt to pursue knowledge by all the available means in his power. It was at this interesting period of his life that he was fortunately *observed* by Joseph Pryce, Esq., who, like an enlightened patron of unfriended genius, charged himself with the expense of his early studies, and set apart the sum of £900 in order to promote his education and pursuits in life. Mr. Farr received the rudiments of his education from a dissenting minister in the locality, and displayed an early inclination for the medical profession. After going through the suitable studies, he was placed under the late Dr. John Webster, of Shrewsbury, a gentleman of great repute as a physician, a man of distinguished science, and extensive and various learning. After remaining with this gentleman for some years, he proceeded to Paris, to complete his education, and was pursuing his studies there at the time of the late revolution, in 1830. On finishing his task, he returned to Shrewsbury, and offered himself as a candidate for the vacant office of house surgeon to the Salop Infirmary; which situation he had temporarily filled with great credit to himself and with advantage to the students, to whose anatomical pursuits he paid incessant attention; assisting their exertions and promoting their studies by all the means in his power, until the rejection of his offers as a candidate, when the students raised a subscription and presented him with a very handsome silver snuff-box, as a slight testimony of their gratitude for his kind attention, and their respect for his distinguished talents.

A short period after this event, Mr. Farr proceeded to London, and soon took a post in his profession with due relation to his intellectual pretensions. He soon afterwards married an amiable lady, to whom he had been attached from his youth (Miss Langford), and whose taste, beauty, and accomplishments, were equally fitted to illustrate, adorn, and render happy the *home* of a gentleman of skill and science.

It is the especial discredit of the Salop Infirmary to have successively rejected the services of some of the ablest members of the profession in its locality, as ignorance or undue influence chanced to prevail; or as the claims of the politics and partizanship of the day superseded those of art and science. In this manner the distinguished and useful services of a Webster, a Farr, a Bloore, a Clement, a Keate, and a Johnson, have severally come under the *ban* of a directorship, as little calculated to reflect credit on the institution as to confer service on the public. The efforts of bigotry and ignorance have, however, only served to throw the labours of such men on a wider sphere of action. But we have the melancholy fact that few of the appointed Medical Staff of our infirmaries are men of good or extensive practice;* and our charitable institutions have become the receptacles for professional dunces and drivellers. Where politics are at a premium, professional eminence is at a discount; and successful operations at the hustings, which may tend to prolong the *political life* of parties, resound in fame above all the efforts of skill and the claims of humanity.

It may not be deficient of interest in your Journal, Sir, to state, that, *recently*, some of the sumphs and slugs of the profession, the men of great puff and little call, have betaken themselves to volunteer some novel experiments in a new range of practice; trusting at least to the *oral* puffery of their few friends, if the cases do not get into the newspapers. Does some servant-girl out of place happen to have a very bad *squint*? It is a fine opportunity for one of these drones to get up *a case* on a novel operation which he would never have discovered with his own sharpness, but the affair will do for a town's talk just as well as though he were the first that ventured on the experiment; and whether he succeed or not, the silly girl is persuaded to submit to the operation of having the muscle divided, in order to enable her to kill admiring swains with the parallel artillery of her slaughtering optics, rather than mutilate them with angular firing. The boldness of the attempt is received into the currency of popular gossip; it matters not how bungling may have been the operation, whether the patient be partially or totally cured, or otherwise; whether the angle of the squint be enlarged or reduced: or the obliquity reversed. A number of people go to see "the poor thing." A council of persons, consisting of neighbours and friends, call upon the lass that has been "cut for the squint," as it is called. The scene is real, not imaginary; both the patient's eyes were considerably inflamed, and she could scarcely look steadily at any object, either straight or obliquely. One thought that she was a "leetle better," another that she "squinted the other way," a third, that she "squinted wider than before," a fourth, that she was "blinderer than ever," a fifth, that she "goggled worser," &c., &c., &c.; but the common disposition for promoting miracles gave the preponderance to a "complete cure." "Dr. Bleareyes had cut cross-eyed Sal for the squinty-geap, and she now looked as beautifully and as straight *round* about as any wench in the parish!"

Now it must be abundantly evident, Mr. Editor, that these *professional* gentlemen, rather than regular practitioners (who would seldom be voluntarily called in), are not the best possible persons to whom such a new and delicate operation should be trusted—requiring a skilful anatomist; yet we are likely to have a new set of *Eye-Doctors*, grounding additional fame on being successful "squint-cutters;" for such are John Bull's technicals on the occasion. We may expect to have a ward in our infirmaries for it in a short time, and a body of itinerants, doubling their "dental *surgery*," with worm-doctors, corn-cutters, and squint-cutters. I am, &c., &c.,

LANCIER.

* There are only two persons out of the whole Medical Staff of the Salop Infirmary, who are men of good practice.

EXTRACTS FROM FOREIGN PERIODICALS.

COMPLETE OBSTRUCTION OF THE INTESTINAL CANAL FOR FORTY DAYS; FORMATION OF AN ARTIFICIAL ANUS IN THE ASCENDING COLON, WITHOUT OPENING THE PERITONEUM. BY M. AMUSSAT.

MADAME B———, aged 50, of a nervous temperament, and habitually liable to constipation of the bowels, suffered from menorrhagia in May 1839, this event was considered as precursory to the critical period of life, but the catamenia appeared regularly up to last January, since which period they completely ceased. She has borne six children, and suffered two abortions, since the former of which, the uterus has been almost constantly the seat of more or less pain.

After the cessation of the catamenia, especially since last September, Madame B——— sustained more than usual difficulty in going to stool, the constipation became more obstinate and frequent, and could only be overcome by repeated enemata. The feces consisted of hard dark scybalæ, or resembled leeches glued together. The appetite, however, remained good, nor did the symptoms on the whole give much uneasiness, till the 27th of May last, when four or five days having passed without a fæcal evacuation, Madame B——— was obliged to apply to a physician, in consequence of suffering from severe pain.

Twenty-eight leeches were applied to the epigastrium, which was painful; enemata and mild laxatives were prescribed, but without any good effect. MM. Chomel and Deguise were now called in, and enemata, drastic purgatives, with various means, including the introduction of a tube into the rectum, and ascending douches, administered by means of Bizet's apparatus, were fruitlessly employed.

On the 27th of June, M. Deguise considered that relief could only be obtained by the formation of an artificial anus, under which impression he sent for M. Amussat. At least 34 or 35 days had then elapsed since Madame B——— had passed gaseous or other evacuation per anum; the abdomen was much distended, and its parietes so thinned, that the coils of the intestine could be distinguished, distended with gas.

The patient being placed on the face, the right lumbar region seemed somewhat more distended than was the left. A gum elastic catheter was passed up the rectum, but at the height of six or eight inches it bent, and could be passed no farther; on examining by the vagina, it was found that the catheter was in fact curved on itself, and that the uterus was not displaced, but was, perhaps, somewhat larger than natural. Enemata were thrown up with great difficulty, and were expelled almost immediately, and without bringing away any fæcal matter. Within the last few days only, bilious vomiting, unaccompanied by any fæcal smell, had set in, and the pulse, previously natural, had become full but not frequent.

The first question was, to determine the cause of the retention of the gaseous and fæcal contents of the intestines, but this question could not be satisfactorily answered, the antecedent and existing circumstances of the case not furnishing any indication to guide us.

Was this a case of essential tympanitis, that is to say, produced simply by atony or a kind of paralysis of the intestines? This was improbable, as such cases, if they exist at all, are excessively rare.

Was this an example of volvulus, of invagination of the gut, of strangulation produced by a band, &c.? In such cases, no doubt, the passage of the fæces is suddenly arrested, but at the same time, there co-exist general symptoms of a much graver character than were present in our patient, symptoms resembling those of strangulated hernia; and, furthermore, the stercoraceous vomiting which attends the class of cases now in question, was not present in this case. Were we to conclude from the absence of stercoraceous vomiting, that the obstruction was situated towards the termination of the great intestine, near the sigmoid flexure of the colon for example? No doubt this phenomenon is often wanting in contractions of that part of the intestine; but, the published cases of this kind are too imperfect, or too few in number to allow of a diagnosis being established.

Was there any morbid growth, any tumour of the uterus, or its appendages, which pressed on and obliterated the calibre of the great intestine? That might, doubtless, be the case, but by reason of the great distention of the abdomen, it was impossible to be positive on the matter, and examination, whether by the vagina or rectum, merely revealed a trifling hypertrophy of the uterus.

Finally, was the obstruction due to the accumulation of foreign bodies in the great intestine, of which M. Cruveilhier and others have published examples?

Despite the impossibility of determining the cause, the nature, and the situation of the strangulation, we were unwilling to remain inactive spectators of the progressing mischief; but what was to be done? At what point was an artificial anus to be established, with most chance of success? It is easy to conceive that a surgeon could scarcely be placed in a more embarrassing situation.

Having, however, determined to operate, I performed the operation, according to my method, on the dead body, and I must avow, that notwithstanding every precaution, and all the care with which I performed this important trial, I wounded the peritoneum, to avoid which was my express object. It is true the intestine was empty, and I had not inflated it, but the peritoneum is so thin, external to the colon, that I cut it; I opened it when I thought I was merely dividing the external layer or the cellular tissue that covers the serous membrane. I mention this fact, with the express intention of inducing surgeons always to repeat the operation on the dead subject, before practising it on the living; they will thus learn to avoid the error just mentioned. Furthermore, as I have insisted in my former memoir on this operation, one is much surer of oneself, and less pre-occupied respecting the difficulties they are about to contend with, when they try on the dead body any operation they are called on to perform, and on which the life of the patient may depend.

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To convince myself anew that it is difficult, often even impossible, to pass an instrument beyond the sigmoid flexure of the colon, and that, therefore, catheterism of the rectum is almost illusory, and cannot serve to diagnose contractions situated high up in the intestine, inasmuch as the instrument is bent on itself, when we imagine that it has passed very high up; to convince myself of this important fact, which I had indeed already almost definitively determined, I passed up the rectum of another dead body a large œsophageal sound, furnished at the extremity with an olivary-shaped plastic mass, destined to determine the form of strictures, and I ascertained on opening the body, that the instrument had been stopped by one of the folds of the sigmoid flexure of the colon: even after removing the small intestines, when I endeavoured to pass on the sound, I saw the olivary extremity of the sound, which, however, consisted of very soft wax, depress the point of the intestine on which it rested, and at length perforate the gut. This experiment then, which I have often performed, and lately repeated in presence of MM. Recamier, Mayor, and many other physicians, proves that forced catheterism of the intestine is dangerous, as it may produce rupture of the bowel. It is also almost uniformly illusory, as the instrument bends, and gives a false idea of the height to which it has passed. I of course only speak of those cases in which the sigmoid flexure of the colon presents its natural conformation, and exclude those cases, in which that part of the large intestine is straight, and not flexed, as sometimes happens; as in such cases a tube may be readily introduced to a very considerable height; but these cases are excessively rare.

To return to our patient. On the 28th June, M. Deguise and I again employed forced enemata, and repeated our examination, without obtaining a more satisfactory diagnosis as to the seat of the obstruction. No point of the abdomen sounded dull on percussion; neither lumbar region was more arched or more prominent than the other; under such embarrassing circumstances, we resolved to consult some of our brethren most capable of aiding us.

MM. Magendie, Breschet, Chomel, Foville, L. Boyer, Filhos, Delarne, and Levaillant, assisted us in a thorough examination and discussion on the case, and it was decided to again employ forced enemata, ascending douches, and galvanism, and in the event of their failure to perform the operation which I had already successfully practised. (See *Medical Press*, Vol. II., p. 234.)

These means were unavailingly employed on the 28th and 29th. On the 30th all was prepared for the operation, to which, however, the patient refused to submit

July 2.—The patient was very feeble; pulse small and frequent, breath fœtid, and the surface exhaled a stercoraceous odour; the bilious vomiting was more abundant, the abdomen was very tense, and during the severe night she sustained violent epigastric pains. Another consultation was held in the evening with MM. Magendie, Breschet, and Chomel. We were *unanimous* as to the propriety of operating immediately, but differed as to the point at which the artificial anus should be formed. Some thought that the left lumbar colon should be the part selected, as that part would probably be distended, the obstruction, they thought, lying below it, inasmuch as the patient could not retain even a single enema; others, on the contrary, considered that diagnostic sign as insufficient and deceptive, as the same occurred in some persons in perfect health, and they recommended that the right lumbar colon should be opened. The latter was my own opinion; I was inclined to cut down on the ascending colon, open it if it was distended, and if not, I had determined to cut down in front of the cæcum, discover the termination of the small intestine, and then search for the seat of stricture.

July 3d, at 6, A.M., the operation was performed in the presence of MM. Breschet, Deguise, L. Boyer, Filhos, Schuster, Bowman, Delarne, Guerireau, and Levaillant.

The patient was placed on a mattress, the abdomen on a pillow, so that the lumbar region was prominent, and *each lumbar region presented the same volume, and yielded the same sound on percussion.* An incision, nearly four inches long, was made transversely in the right lumbar region, midway in the space separating the crest of the ilium and the last false rib, and commencing at the common mass of the sacro-lumbar and longissimus dorsi. The edges of these muscles being divided, as also the adjacent tissues, I soon arrived on the quadratus lumborum, which was easily recognised by its very oblique direction downwards and outwards. I cut the edge of this muscle, and dividing the anterior layer of the posterior transversalis aponeurosis, I perceived the cellular tissue intervening between the adipose mass covering the kidney and colon. I touched, and made others touch the kidney, and then divided vertically the fat which always lies above that organ, and examining posteriorly I felt a distended intestine. This was the lumbar colon, uncovered by peritoneum: I recognised it *by the resistance of its parietes, and by its muscular fibres*, which are more developed than those of the small intestine. It was also recognised by others present.

This, the important and capital part of the operation being determined, I passed, with a curved needle, a thread through the coats of the intestine, so as to fix it, and then punctured the intestine with a small trochar; a quantity of gas and a very little feculent matter issued from the canula, but on withdrawing it, so much air became infiltrated into the surrounding cellular tissue that I had to cut it away to leave the colon exposed. The colon being now put on the stretch by means of the ligature previously introduced, I laid it freely open in a vertical direction, with a button-pointed bistoury; the edges of the opening were kept apart by three torsion forceps. I now broke up with my index finger, introduced into the intestine, a quantity of indurated fæces, on which a considerable quantity of fæcal matter escaped. The semi-solid fæces were fixed with a considerable amount of *gooseberry pippins and cherry stones*. The evacuation of the fæces was facilitated by injecting lukewarm water into the upper and lower portion of the opened colon. On passing my finger into the inferior part of the intestine, I touched and thought I recognised the ilio-cæcal valve. When the issue of fæcal matter became plentiful, I firmly attached the opening into the cæcum, as near as possible to the inferior angle of the wound, by means of five points of interrupted suture, taking care to evert the mucous membrane; and I also united the posterior angle of the wound by a point of twisted suture.

The patient was placed in bed, supported on the right side to facilitate the issue of the fæces; the artificial anus was covered with a large poultice, and the wound was directed to be frequently washed with tepid water.

In the evening the patient was cooler and relieved; the abdomen was soft and painless on pressure; gas and fæces frequently issued from the artificial anus; the pulse had become strong but not frequent. The next day she had passed a good night, and her condition was similar to that just mentioned.

5th July.—She asked for food, and her condition was improved; she was somewhat stupified from the effects of an opiate enema.

6th.—I introduced my little finger into the artificial anus, and administered a small enema, which was not returned. The patient thought she had passed some flatus per anum, which I considered to be very doubtful.

8th.—All the sutures are detached; the artificial anus is solidly adherent to the wound, which looks very healthy. On passing my finger into the artificial anus, after throwing in an injection, I touched the kidney through the coats of the colon, and I found fæcal matter in the inferior portion of the ascending colon. The evacuation of fæces is very abundant. The abdomen is soft and bears pressure; no fever.

10th.—Condition unaltered; the abdomen is still somewhat voluminous, because, as M. Trousseau observed, the intestines were so long distended that a certain lapse of time is requisite for the mucous membrane to resume its natural condition.

14th.—The condition of the patient is perfectly satisfactory; the appetite and strength both augment. The artificial anus is perfectly established; it is situated at the inferior angle of the wound; and as it has some tendency to contract, I propose to dilate it with a tent of lint. Enemata have been given daily, and favour the issue of a large quantity of fæces.

15th.—Madame B—— thought that she had passed some fæces by the rectum. To ascertain if this was so, I introduced my finger into the rectum, and found that it had shrunk from before backwards, but met with no fæcal matter; on withdrawing my finger, my hand was stained with blood, which seemed to come from the vulva and not from the anus, as the patient supposed. On administering an enema per rectum, some fragments of caseous matter and some hard black fæcal scybalæ passed away. By the finger in the vagina I ascertained that the uterus lay towards the left side, its neck lay posteriorly, and was thick and hard, and its surface and cavity were covered with polypous vegetations. My finger was stained with blood, and some clots came away. Madame B. said that her catamenia had returned, and that the blood had accumulated in the womb during four months.

22d.—After the administration of an enema by the rectum, *a cylinder of black soft moist fæces* passed by the natural anus. But, nevertheless, the evacuations continued abundant from the artificial anus.

2d August.—The patient is now, 30 days after the operation, in a most satisfactory state. The appetite and strength have returned; the artificial anus is completely established at the anterior part of the wound, and admits of the entry of the forefinger.—The wound is not quite cicatrised, but is much contracted. Everything promises that the success will be permanent, and that the patient will soon only suffer from an infirmity which is very supportable, and to which she owes her life.—*Gazette des Hopitaux.*

STRANGULATED INGUINAL HERNIA; REDUCTION AFTER SUBCUTANEOUS DIVISION OF THE STRICTURE. BY M. JULES GUERIN.

A youth, aged 18, laboured under inguinal hernia of the right side, which presented all the characters of a congenital hernia, but had only existed about one year.

On the 9th July, 1841, the tumour having been previously about the bulk of a nut and readily reducible, suddenly became as large as a hen's egg, and could not be returned. The following day (the 10th) the patient took much exercise, and the tumour became extremely painful. On that day, and on the 11th and 12th, various attempts were made by several persons to reduce the hernia, which could not, however, be accomplished; and on the evening of the 12th, M. Guerin, operated in the following manner:—

The patient was placed on a bed, the thighs separated and semi-flexed on the pelvis. A transverse fold of the skin was pinched up, corresponding to the root of the scrotum, and drawn up in front of the inguinal ring, and a puncture was made with a lance-shaped bistoury, which penetrated as far as the inguinal ring. A grooved director was now introduced into the puncture, gradually insinuated in the direction of the canal, along the superior and anterior aspect of the sac, and was at length passed to the depth of seven centimetres in the canal. The director was now given to an assistant, who depressed its handle, so as to make its extremity prominent. A second fold of skin was now pinched up, and a second puncture made at its base, a little above the first puncture, and a blunt-pointed convex tenotome was passed through the second wound, engaged in the groove of the director (the edge being directed upwards and outwards), and the anterior boundary of the inguinal canal gradually divided, the thumb and index finger being applied on the parts which it was desired to divide, in order to augment the resistance of the parts by comprising the tissues between the finger and the knife, and thus facilitate the section of the anterior boundary of the inguinal canal. In this way the instrument penetrated as far as the internal ring. After the division of the parts, an attempt was made at reduction, but a portion of the external ring had escaped the action of the knife, which was divided by again introducing the instrument. The reduction was now apparently effected, but the hernia re-appeared the moment the pressure was withdrawn, and it was discovered that the parts were not in reality reduced, but had merely passed into the kind of cavity formed by the subcutaneous division of the canal, and that an obstacle to their return still existed at the internal ring. A tenotome was again introduced, and the internal ring divided in two situations, directly upwards and transversely outwards. The hernia was now returned with the utmost facility. The efforts at reduction previous to the last intro-

duction of the tenotome, had been continued three quarters of an hour: after its final introduction the reduction was effected in a few minutes. The air and effused blood were pressed out of the wound. The two small wounds were closed with adhesive plaster, and compresses and a bandage were applied.

The patient experienced immediate relief, and was well in a few days.

Mr. Guerin states that it would be premature to attempt to say how subcutaneous division of the stricture can be generalised in strangulated hernia. He thinks, however, that it should be substituted for the methods hitherto practised, in every recently strangulated hernia, wherever situated, whenever there is reason to conclude that the stricture is not caused by the neck of the sac, and that the contents of the hernia are not gangrened.

It cannot, he thinks, be objected that the operation is difficult and uncertain. It is not more difficult, he says, than some other subcutaneous incisions, which, with practice, are performed with ease and certainty; and for his own part he would be as sure of incising the inguinal rings and canal, as he would of dividing the internal rectus muscle. The case he operated on was an epiplocele: the difficulty would be greater in the case of an enterocele; but still with care the operation may be safely effected. The great difficulty lies in hitting off the external orifice of the inguinal canal; when this is done, it will be always easy, by exerting gentle traction on the neck of the hernia, to pass a grooved sound between it and the canal.

M. Guerin considers that there is no more danger of wounding the intestine and vessels in this than in the ordinary mode of operation. The operation is only applicable to cases where the hernial sac need not be opened; and in both the ordinary and subcutaneous mode of operating, a blunt-pointed knife must be passed between the sac and the anterior wall of the inguinal canal; this once done the only dangers are common to each method, being the insinuation of a fold of intestine in front of the knife; or injury of a blood vessel. The former danger can, he thinks, be obviated by traction on the hernia, which will put the fold of intestine on the stretch. As to the vessels, they are equally in danger by each method, unless the incision be made in the right direction; but the vessels, in any case, are in little danger, as they ramify on the inner surface of the abdomen, to which they adhere by lax cellular tissue alone, whence they will yield before the knife, if we proceed slowly.

M. Guerin conceives that the following rules will always suffice to determine whether the stricture is formed by the ring or canal, or by the neck of the sac.

1. The stricture is never formed by the neck of the sac in a hernia that becomes strangulated immediately on its appearance; that is to say, where a reducible hernia has not preceded the strangulated hernia.

2. When a strangulated hernia of considerable bulk suddenly supervenes on a reducible hernia of small bulk, the stricture is not usually situated at the neck of the sac, unless indeed that part has been torn to allow of the passage of the intestine.

3. When a reducible hernia either of very long standing or of large size becomes strangulated, the stricture is commonly formed by the neck of the sac.

4. When an irreducible hernia becomes strangulated, the stricture is commonly at the neck of the sac.—*Gazette Médicale.*

ON A NEW OPERATION FOR THE RADICAL CURE OF SPINA BIFIDA, BY M. DUBOURG.

The following are the conclusions of M. Dubourg's memoir:—

1. Certain cases of spina bifida admit of a radical cure.

2. Children, then, born with this infirmity should not be abandoned, but the favourable cases, at least, should be submitted to treatment.

3. The limits of incurability can be scarcely specified, as they are not in themselves absolute, but in every case where the opening of communication between the spinal canal and the tumour does not exceed an inch in diameter, an operation should be performed, with the view of intercepting the passage of the liquid from the spinal canal, and favouring the ossification and approximation of the spinous processes of the vertebræ.

4. Amputation of the tumour and the subsequent application of the twisted suture, is the best method as yet proposed for effecting this object.

5. Positive rules cannot be yet established as to the manner of performing the operation, but it is desirable whenever it can be effected, to divide the skin first and not to open the spinal canal till the second division; to effect this, however, the membranous canal giving passage to the liquid must be tolerably narrow; if it be not so, the entire peduncle must be divided by a rapid and even incision.

When the liquid is contained in a sac consisting of the meninges only, the skin being atrophied and drawn external to the solution of continuity, the tumour must be amputated as last stated, but the skin at each side must be dissected close on the laminæ of the vertebræ, and the edges of the opening pared as if we were operating for harelip.

7. The chances of success are proportional to the dimensions of the opening in the bones and to the general condition of the patient.

8. The cases given in this memoir prove that we may with impunity open the spinal canal, lay the spinal marrow bare, and allow the escape of a considerable quantity of the liquid which bathes that important organ.

Two cases are given in detail, in which the operation here proposed, was performed with success; one case having been operated on in spring, 1837, the other in September, 1838, and both patients being alive and in good health and the infirmity completely removed in January, 1841. One of the children was 8, the other 11 days old. The latter was remarkable, inasmuch as the disease, instead of occupying the inferior portion of the spine, corresponded to the last cervical and first dorsal vertebræ.

M. Dubourg lays much stress on preventing so far as is possible the issue of the spinal fluid, or the entry of air into the spinal canal.

It is to effect these objects that he recommends the skin to be first divided round the base of the tumour and the membranes to be subsequently incised, as the latter tissues can be thus commanded by the fingers so as to materially impede the exit of the fluid, and the ingress of air.—*Gazette Médicale.*

CLINICAL REMARKS ON TWO HUNDRED AND SIX CASES OF TAPE WORM.

BY DR. WAWRUCH,

Professor of the Practice of Medicine at the University of Vienna.

During the period of twenty years, 206 patients, affected with tape-worm, were admitted into the clinical wards of Dr. Wawruch: of these 71 were males, 135 females. The oldest patient was fifty-four; the youngest, three and a half years old; the greater number ranged between the ages of fifteen and forty. On the predisposing causes of tape-worm the author is able to throw little or no light. A great majority of the patients came from a particular district, and diseases of the abdominal or dermal systems in early life, seemed to have some influence. Thus 43 patients suffered under ague; 20 under gastro-intestinal disease; 16 under typhus; 10 from herpes; 41 from tinea capitis; 42 from itch; 8 from scarlatina; 13 from measles; 2 from chronic nettle-rash.

In the female sex, the author remarks that the presence of these worms was almost always accompanied by some derangement or anomaly of the menstrual secretion, generally consisting in a late appearance of the discharge.

Symptoms.—Some patients suffered very little, and were unaware of their being affected, until a portion of the worm was discharged; in other cases, the symptoms were better marked; these constantly observed were:—

1. A dull pain in the forehead, with vertigo, and ringing in the ears.

2. Troubled sight, with a bluish circle round the eyes; œdema of the upper eye-lid; dilated pupil; rolling of the eye-balls; various disturbances of vision, as double vision, muscæ, volitantes, &c.

3. Frequent changes of colour; loss of appetite, interchanging with voracious hunger; and a taste for certain substances.

4. Foul breath; earthy taste in the mouth; salivation; nausea, and vomiting of a watery fluid towards morning.

5. Itching of the nose, anus, or vagina; grinding of the teeth, particularly during sleep.

6. Enlargement of the abdomen; rumbling of the bowels; a pinching, biting feel about the navel, with the sense of a foreign body moving in the intestines, especially towards morning; disappearance of these symptoms on taking warm broth, &c.; diarrhœa interchanging with constipation.

7. When the disease is of long standing, melancholy, and a great number of nervous derangements, loss of some sense, partial or general convulsions, epilepsy, chorea, &c.

8. The most certain sign is the discharge of a portion of the worm, which may occur without any evident cause; occurs during some disease, as typhus fever, &c.; or is the effect of remedies.

Treatment.—The same method of treatment was adopted in all the 206 cases, except where the constitution of the patient, or some other particular circumstance, rendered a modification necessary.

As a preparatory step, all the patients took a laxative decoction, with sal ammoniac, for three, four, or five days, and ate nothing but weak soup thrice a-day. In eight cases, the worm was expelled by the mere effect of continued abstinence. The anthelmintic remedies employed were, castor oil, and the powdered root of the male fern. From one to two table-spoonfuls of the oil were given as a dose, alternately, with one or two drachms of the powder twice or thrice a-day.

Enemata of oil and milk were frequently thrown up, to attract the worm towards the large intestine, and it was observed that the effect of the drastic was always most sure when given a certain time after the last dose of fern, than at once. The drastic purge employed was composed of equal parts of calomel, gamboge, and sugar, two to eight grains of each for a dose. In many cases a single dose brought the worm away, but in others, three to six doses were required. The period at which the worm was discharged was very various. In eight cases, as has been already remarked, it was expelled by the mere effect of hunger; in 13 cases, by the anthelmintics alone; in 11 by the first, in 14 by the second, and in 15 cases by the third drastic purge; and, generally speaking, it was expelled within one to twelve hours after the last drastic. In a few cases, two, three, four, and (in one) twelve days elapsed after the last purge, before the worm was expelled. The tænia is not exclusively a *solitary* worm, for in nine cases there were two worms, of different ages and development; in two cases three worms. In one very remarkable case, four worms were discharged, and this patient still suffers from the complaint. Of the 206 cases, only 26 had a relapse; twenty of these came twice, five thrice, and one of them four times to the hospital. Some came in two to four months; two in nine months; two in a year. Generally speaking, the patient may expect to be entirely freed from his disease, if he pass ten or twelve weeks without discharging any remnants of the worm.—*Medicinische Jahrbucher.*

ON CERTAIN ANTHELMINTICS IN USE IN ABYSSINIA.

BY DR. AUBERT.

Dr. Aubert, who has resided some time in Abyssinia, states, that the whole medical practice of the natives consists in the employment of three indigenous vegetable anthelmintics, called Cusso, Bisenna, and Abbatsjago; and that tænia is so common among the inhabitants as to be considered almost natural. Bruce remarked, that almost all Abyssinians were affected with ascarides; but as the Abyssinian word applies to either species, and Bruce was not a physician, it is probable he confounded the two, especially as the Cusso, which he praised as a remedy against these worms, Dr. Aubert finds to be used in tænia.

The Cusso is the *Banksia Abyssinica* of Bruce, the *Hagenia Anthelmintica* of Willdenow, one of the species of the genus *Saponaria* of Linnæus. M. Kunth, an able botanist, has recognised the flowers as a new genus of the *Rosaceæ*. About two drachms of the flowers in powder are taken in an electuary of honey, and ordinarily in twenty-four hours the patient passes the worms, but without purging. The whole of the worm is rarely expelled; but the patient follows his usual occupation, and, after a time, as the medicine is not unpleasant, and

does not cause griping or purging, the dose is repeated. Dr. Aubert became a subject of taenia whilst in Abyssinia, and by taking aperient medicine after the Cusso, he completely relieved himself of it. The Bissenna is a species of conifera, much resembling the *Juniperus Virginiana* of Linnæus. The pulverised bark is employed, but not so generally as the Cusso, as it causes irritation, colic, and in some cases enteritis. The Abbatsjogo resembles the *Ixia bulbocodium* of Linnæus. It is less employed than either of the former species.—*Bulletin de l'Académie Royale de Médecine, Mars* 15, 1841, *and British and Foreign Medical Review, July* 1841.

CITY OF DUBLIN HOSPITAL.

DISLOCATION OF THE HIP-JOINT—NEW METHOD OF REDUCTION.

Reported by A. Orr, Esq.

James Moran, aged 40, a stone-cutter of slight make. Admitted May 17—under the care of Mr. Williams.

While at work on a scaffold, about 20 feet high, he made a false step, fell to the ground, and alighted on his feet, but in what precise position he cannot say. He was for a short time insensible, and on recovering his intelligence, found that he could not rise or stand without assistance.

On admission, about four hours after the accident, being laid on his back in the bed, it was found that the left lower extremity was about two inches shorter than its fellow; the thigh was slightly flexed on the pelvis, as was also the leg upon the thigh, and the entire limb was rotated inwards, and permanently adducted, so that the knee lay over that of the sound side, and the foot crossed the opposite instep obliquely.

The great trochanter lay higher up and more anteriorly than natural, and was very prominent. On rotating the limb, the head of the femur was felt rolling on the dorsum of the ilium with unusual distinctness, the patient being very thin. A depression could be felt in the groin, corresponding to the situation of the cotyloid cavity.

The thigh could be flexed on the pelvis, and also adducted and rotated inwards more easily, and to a greater extent than usual, and without producing much pain. The limb also admitted of rotation outwards to a certain limited extent, and of a slight amount of abduction, the head of the femur lying more loosely on the dorsum of the ilium, than is ordinarily the case.

On placing the patient upright, the great toe of the left foot crossed that of its fellow, and the heel was elevated so that the toes pointed downwards. The buttock was found to be flattened, and its fold was less marked and more elevated than that of the other side.

Considering the relaxed state of the muscular system, it was thought, that this might be a favourable case for trying the method of reduction proposed by M. Colombot. The patient was placed standing, and instructed to bend the trunk forwards, so as to support the thorax on a table, the opposite edge of which he grasped with his hands. Mr. Williams now standing on the outer side of the affected limb, bent the leg at a right angle with the thigh, grasping the dorsum of the foot with the right hand, while with the left hand placed at the upper and posterior part of the leg, he exerted a gentle and continued pressure, in which he was aided by the hand of an assistant, placed on his own, and at the same time attempted to dislodge the head of the bone, by directing the thigh somewhat forwards and inwards. After a short time the head of the femur was found to have descended so considerably on the dorsum of the ilium, that it was estimated to be nearly on a level with the acetabulum. The thigh was now suddenly rotated outward, but it was found that the dislocation was not reduced.

This and a second similar attempt having failed, and as from the condition of the muscles, reduction in the ordinary way promised to be attended with little suffering to the patient, the lacs were applied, and extension being made to a very moderate amount, the dislocation was reduced with the utmost facility. Nothing subsequently occurred worthy of notice.

Peter Daly, aged 35, a remarkably athletic corn porter, of immense muscular development, admitted August 4th—under the care of Mr. Williams.

About five hours before admission, while employed in shipping corn, his foot slipped, and he fell across the hatch-way of the vessel, the sack of corn which he was carrying falling from his shoulder on his th gh; he could not say on what part of the limb the weight fell, but the appearance of ecchymosis subsequently showed that it was on the outer and lower part of the thigh. On being raised, he could stand with pain and difficulty, but was unable to walk.

On admission, the limb was about an inch and a half shorter than the opposite one, and was rotated inwards, the foot pointing in that direction, and the toes resting on the dorsum of the sound foot. The essential symptoms, in fact, were identical with those in the preceding case—shortening of the limb—rotation inwards, and permanent adduction—flattening of the buttock, and elevation of its fold—prominence and displacement upwards of the trochanter major—and on rotation of the limb, the head of the femur was felt to roll on the dorsum of the ilium, though obscurely, being covered with an immense mass of muscle. The limb was, however, in this case, rigidly fixed, as regarded abduction and rotation outwards.

Immediately on admission, an attempt was made to reduce the dislocation, the lacs were applied in the usual way, and extension made by three powerful assistants, but it was found impossible to overcome the resistance of the muscles.

About seven hours after the accident, Mr. Williams saw the patient, and resolved to again try M. Colombot's method, which was done precisely as in the preceding case; the mode of extension already described, was persevered in for about three minutes, with the effect of causing a scarcely perceptible change in the situation of the head of the femur on the dorsum of the ilium; the limb was now rotated outwards as in the preceding case, and the head of the femur re-entered the acetabulum, with the characteristic and in this instance extraordinarily loud report.

The patient experienced scarcely any pain, except at the moment when the reduction was effected on rotating the limb outwards. Immediately after the operation the symmetry of the limb was perfectly restored. From the second to the fourth day, the dislocated limb was, by measurement, fully three-fourths of an inch longer than the opposite one, but this elongation disappeared by the 6th day, and on the 18th August, the patient, as regarded the accident, was prepared to leave the hospital, but remained to have a small encysted tumour removed from the back of his leg.—*Dublin Medical Press.*

ON THE TREATMENT OF DEAFNESS.

BY M. PETREQUIN.

Since the publication of M. Petrequin's memoir on the treatment of deafness by alum gargles and insufflations (see *The Medico-Chirurgical Review* for July, 1839), various experiments have been made in different parts of France and Belgium, to ascertain the effects of these remedies, and the Royal Academy of Medicine has directed its attention to the subject in the course of last year. A lengthened and very favourable report has been recently laid before the medical society of Lyons by M. Brachet, of which the following brief account may be interesting to our readers.

After alluding to M. Petrequin's opinion, that the use of the Eustachian tube is similar to that of the holes made in a drum—viz., to renew the air within the cavity of the tympanum—and presenting an abstract of the eleven cases reported at length in his memoir, the following important conclusions drawn by M. B. from his experience are given:—

1. That deafness is of very frequent occurrence in old people, in whom the mucous membranes do not perform their functions healthily, and who are subject to catarrhal congestions; also in those persons who have been subject to any of the numerous forms of inflammation of the pharynx.

2. That the inspection of the throat furnishes a means of exploration which greatly facilitates the diagnosis, by often revealing a chronic and indolent inflammatory state of its mucous membrane.

3. That Sir A. Cooper was mistaken in considering the existence of a humming noise in the ear as a symptom exclusively of nervous deafness; a form of the infirmity which is also of much less frequent occurrence than he supposed.

4. That it is a serious error to consider as incurable all cases of deafness, in which the patient cannot hear the ticking of a watch placed between his teeth; and that it is highly probable that many persons are from this mistake left without medical assistance, which if applied in time might have relieved the infirmity.

5. That the diagnosis of obstruction of the Eustachian tube, easily established when redness of the pharynx exists, is much less so when this has disappeared, and when the lesion of the tube alone remains.

M. Petrequin, however, is of opinion that we may suspect the existence of this lesion by the varying condition of the sense of hearing in different states of the weather, and when it is somewhat better, for a longer or short period of time, after a fit of coughing or sneezing.

6. That the prognosis or chance of cure in this form of deafness is by no means so unfavourable as B. Bell and Sir A. Cooper have alleged; that often it may be cured by fluid or gaseous injections, or by cauterisation of the opening of the Eustachian tube in the throat, or by the use of alum applied either in the dry or liquid form to the back of the fauces—as a gargle, or as a powder mixed with sugar and insufflated upon the fauces, or lastly, the direct application of a stick of alum—recommended so strongly and used so successfully by M. Petrequin. He believes that this salt has a special effect on the pharyngeal membrane, independently of its merely astringent operation. However this may be, it would seem that it has a most beneficial influence on many maladies of the mouth and fauces. MM. Bretonneau and Pommier have strongly recommended it in the treatment of diptherite, Signor Bennati in various affections of the larynx, and M. Velpeau in diseases of the throat. Its administration is easy, and does not interfere with the employment at the same time of other remedies, as antiphlogistics, revulsives, purgatives, cauterisation, the catheterism of the Eustachian tube, and the baths of compressed air, which have been so successfully used by M. Pravaz.

Hitherto no trial has been made of injecting a weak solution of alum directly into the Eustachian tube; but it is more than probable that the practice will be found highly useful in many cases."—*Bulletin Médical Belge.*

Remark.—The reflections of M. Petrequin, based as they are upon the results of clinical experience, are certainly well deserving of attention. We should suggest the addition of tincture of capsicum to the alum gargle, as rendering it probably still more efficient in dissipating the chronic inflammatory state of the fauces and pharynx, which, according to his observations, is so frequent an accompaniment of deafness.—*Rev. Medico-Chir. Rev. April*, 1841.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 21st Aug. 1841:—

Epidemic, Endemic, and contagious diseases	120
Diseases of the brain, nerves, and senses	145
Diseases of the lungs, and other organs of respiration	214
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	88
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	10
Diseases of the joints, bones, and muscles	2
Diseases of the skin, &c.	0
Diseases of uncertain seat	96
Old age, or natural decay	58
Deaths by violence, privation, or intemperance	15
Causes not specified	2
Deaths from all causes	776

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OBSERVATIONS ON RE-VACCINATION.

By H. Newnham, Esq., Farnham.

(Read at the York Meeting of the Provincial Medical and Surgical Association.)

It will readily be admitted, that the science of medicine is one of observation; and that we shall arrive at beneficial results, in proportion to the number of observations, and to the degree in which they have been compared with others, taken at distant places, at different times, and under varying circumstances.

It will also readily be conceded, that these observations will be valuable only in proportion to the accuracy, and mental calibre, and freedom from prejudice of the observer. And still farther it will be granted, that on the subject of vaccination much remains to be learned,—and probably much to be unlearned, which has been hastily assumed, and too broadly stated as a fact, whereas, perhaps, it has been only an opinion,—received from the inaccurate or limited views of those who have preceded us, and which has been handed down to futurity, without investigation, and in the absence of sufficient authority.

Without arrogating to myself any superiority over others, I shall yet venture to impugn the correctness of observation of some who have gone before, and the consequent validity of their conclusions. My remarks this evening will be confined to the subject of re-vaccination, on which question serious errors appear to be entertained.

First, as to the results expected from this process:

Secondly, as to the nature of the appearances consequent upon re-vaccination; and,

Thirdly, as to the protective influence exerted over the constitution by a supposed renewal of the prophylactic agency of cow-pock.

I. As to the results generally expected from re-vaccination. This expectation appears to consist in a renewal of the protecting influence of the first vaccination, which by the supposition has been gradually waning, and would, if unrenewed, leave its subject unguarded from the infection of small-pox.

It will be seen upon reflection, that this result is entirely assumed: for it is assumed in the first place that the protective influence of vaccination diminishes in proportion to the distance of time from this first process; and, secondly, that the party so re-vaccinated is rendered more capable of resisting the variolous infection than he was before.

It will, perhaps, be said, that these are not assumptions, because it has been observed that the greater number of instances of small-pox, after vaccination occur at a considerable interval from the date of such vaccination; and that the re-vaccinated, resist exposure to the contagion of small-pox. The former of these arguments is untenable, because the fact, if granted, is sufficiently and better explained by the greater liability to exposure during the busy, active years of life, than during the comparatively secluded periods of childhood and youth. And, with regard to the latter argument, it is gratuitous assumption, because it never can be shown that the re-vaccinated are not among that greater proportion of individuals who, by vaccination, are rendered fully capable of resisting, now and for ever, the impression of variolous infection. Again, the frequent repetition of vaccination is contrary to the usual laws of the constitution in the case of all other specific diseases: small-pox, measles, scarlatina, hooping-cough, &c., do not occur frequently during life in the same constitution. When these maladies have been once received, the constitution, as a general law, remains insusceptible of a second attack; and where cases do occur, they only form that exception which, according to logicians, confirms, not invalidates, the general rule to which they form the exception. It is perfectly true that secondary cases do occur; and, particularly in reference to small-pox, it is well known that a local agency may be produced by the poison without any constitutional influence. In this respect it greatly resembles vaccination, as we should have been prepared to expect by *a priori* reasoning, which seems to point out the great similarity, if not identity of origin, of the two diseases. Reasoning upon the subject, therefore, would induce a doubt as to the supposed efficacy of re-vaccination; and I shall hope to show, in the sequel, the impossibility of renewing its constitutional influence, except in that small number of cases which form the exception to the general rule, and not the rule itself.

II. This brings me to the second branch of my subject, viz., the nature of the appearances consequent upon re-vaccination. These have been referred to two classes; first, to those who have resisted the process altogether, and who have been therefore supposed capable of resisting the variolous infection: and, secondly, to those who have passed through the vaccine disease a second time.

Here again there are two sources of fallacy, It is assumed that the former have resisted vaccination, and are consequently, capable of resisting variola; whereas the simple fact is, that the arm has not taken, and a second or a third application of vaccine lymph will often prove successful, and demonstrate my assertion, that this alleged fact proves nothing more than that the operation has not been successful; and that no just inference can be drawn as to the security of the patient. With the other and larger proportion of individuals subjected to re-vaccination, it is said that they have had the vaccine disease a second time. But I venture to assert that even this is assumed; and that a second regular appearance of vaccinia occurs only as a very rare phenomenon,—the exception to the general rule, or the consequence of imperfect early vaccination. For the general progress of the revaccinated arm is always normal—always differing from the regular history of the vaccine vesicle,—varying in intensity, according to the age, constitution, and habits of the patient—according to the method of vaccinating, and the age of the lymph employed—but still invariably anomalous; the result of the local agency of the poison, in a constitution which has been rendered insusceptible of its normal or medicating influence by the first, regular, and complete vaccination. I must here appeal to the accuracy of the observer, and I will fearlessly ask, if ever he has seen a re-vaccinated arm assume appearances with which he would have been satisfied as the phenomena of a first genuine vaccination? But if not, the reasoner is reduced to the choice of one horn of the following dilemma—either that we are in error as to what constitutes a regular vaccine arm, or that the boasted sufficiency of re-vaccination is untenable.

It has not fallen to my lot to be able to practise re-vaccination upon a very large scale, but I have attended closely to the results of several hundred cases; and if there be any truth in the maxim, *ex uno disce omnes*, there will surely be more truth in the enlarged premises derived from the amended maxim, *ex plurimis disce omnes;* and there will be presented some claim to attention, from the unvarying results of a comparatively small, but still not insignificant number of experiments.

In consequence of the occurrence of variola in the neighbourhood of Elvetham-park, I have lately revaccinated eight children and twenty-eight grown persons of different ages; in—1st, five children and fifteen domestics; 2nd, three children and seven domestics; 3rd, one young lady and five servants; making together thirty-six individuals of all ages. In all these cases, the results most carefully noted every second day have confirmed my preceding experience; one only out of the thirty-six has presented anything approaching to a regular arm—a nursery girl, aged 19; she was vaccinated when a child, and seems to present a well-formed cicatrix. Even in this one, had it been a case of first vaccination, I should have called it an unsatisfactory arm, and should have told her of the necessity for a subsequent vaccination at a somewhat distant period. In the remaining thirty-five, the following normal appearances have been more or less observed, and it should be remarked that these results of my antecedent experience were publicly stated two years since, in the Retrospect of the Progress of Surgical Literature, read at the Anniversary Meeting of the Southern Branch of our Association, then held at Portsmouth, and from the printed report of which I now quote:—

"In the instances which have come under his notice, the local action has been observed much earlier than it ought to be, and in some cases has subsided without further mischief; in others, a vesicle has been soon formed, with an undefined, ragged border, surrounded from the first by an inflammatory blush, always wanting the defined circular edge of the genuine vaccine vesicle, and attended by intolerable itching; much, too much, local action has been produced; there has been almost always swelling of the axillary glands, which is unusual in a first vaccination, unless the lymph has been too aged; there has arisen a much higher and a much earlier state of constitutional irritation, originating and ceasing at very uncertain periods, governed by the local cause, and often leaving a sore arm with protracted swelling, and a flattened, undefined, misshapen, too light-coloured crust, instead of the regular, raised, and well-defined, chocolate-coloured scab."—p. 9.

This brings me to the third subject proposed, viz., the protective influence exerted over the constitution by a supposed renewal of the prophylactic agency of cow-pock. It is here that error may be of so much consequence; it is here, therefore, that our conclusions become all-important. If it be asserted that the protective influence of vaccination becomes enfeebled as time recedes from that process, and that the security it affords is exhausted in seven years, while, again, it is renewed by a septennial recurrence to vaccination; and yet, if these assertions be incorrect, it is evident that we produce unnecessary apprehension in the minds of our confiding patients on the one hand, or an ill-founded security on the other; and since it has been shown that this gradual wearing out of the protective influence of a first vaccination is at variance with all the other analogies of nature; and that it is not supported by the experience of facts, which may not be better accounted for upon another and an obvious principle; and since we have no sufficient ground for believing that re-vaccination does produce a renewal of the anti-variolous resistance; but that, on the contrary, experience teaches us the impossibility of reproducing a genuine vaccine arm, but in the very small number of cases which form the exception to the general rule: it follows,

That the only position of re-vaccination is as a test of the constitutional efficacy of the first process; and that this test does not consist in there being no result from re-vaccination, which proves only that the arm has not taken, but in the more or less local anormal appearances produced, without the usual constitutional influence.

There is no contradiction between this remark and the former assertion, that the constitutional symptoms were often most severe in the re-vaccinated: both assertions are true: in the latter class of persons (i. e. the re-vaccinated), there is wanting the usual state of vaccine fever on the tenth day—the proof of constitutional influence: and there is present, at an earlier but uncertain time, fever of a morbid character—the fever of constitutional irritation, developed by the local agency of the animal poison introduced into the arm. Again, it follows from the preceding, that our patients' minds should neither be disturbed by fears, nor lulled into overweening confidence by assertions of their enjoying a perfect immunity from the attack of small-pox.

Neither vaccination nor re-vaccination can afford this: its true position is, that it affords a perfect security against small-pox in the majority of cases; and that, in the other, it so mitigates the severity of the attack as immensely to diminish the rate of mortality, and to render it generally a very safe disease.

Gentlemen, I will bring my observations to a close, by asking your attention to the supposed, and, perhaps, to most persons, satisfactory proven identity between small-pox and cow-pox. The facts adduced by Mr. Ceely in support of this conclusion appear so strong as to be irresistible, and yet we know that they have failed of producing conviction on the mind of a great authority in these matters. We may, perhaps, find an apology for this discrepancy, by the different route each has pursued in arriving at their respective conclusions: the one has made experiments on the cow, the other has reasoned upon the phenomena of the two disorders, as constantly presented to his notice.

It has been said, that this is adducing only opinions against facts; but this is inaccurate,—it is adducing one series of facts against another series of facts; and the question in dispute is not the facts, or the veracity of the observers, but how

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far one series of facts may be relevant to the other series of facts.

Admitting, therefore, the force of Mr. Ceely's facts, I am anxious to claim your attention to a series of counter-facts, not for the purpose of throwing discredit upon the former, but only in the hope of securing yet more attention to the subject, in the expectation of arriving at the whole truth—the only point on which the scientific mind can rest in peace.

This series of facts consists in the different periods of incubation required for the two maladies: in the marked difference of the origin, progress, maturity, decline, and termination of the respective vesicles; in the total difference of the cicatrix; in the constitutional influence produced by the mildest case of small-pox, and the severest case of cow-pox; in the different degree of after-susceptibility to the contagion of small-pox; and in the apparent impossibility of communicating vaccination to one who has previously undergone variola. With regard to the other fact, I speak hesitatingly—I have not been able to effect it; but my number of experiments has not been sufficiently large to enable me to speak positively.

With these facts before us, we should not think harshly of those who doubt, and are anxious to withhold their full assent to Mr. Ceely's hypothesis, till a new series of facts shall show the relevancy, or explain the seeming contradiction of those which I have had the honour of bringing before you.

And now abandoning conjecture, let me take leave of you this evening, by the practical suggestion of always employing eighth-day lymph: my opinion is, that the great cause of failure in the protecting influence of vaccination is the want of attention to this circumstance, and allowing to pass as satisfactory the imperfect and spurious arms which are the consequence.

ON THE USE OF OPIUM IN STRANGULATED HERNIA.

By A. W. Davis, M.D., Presteign.

(Read before the York Meeting of the Provincial Medical and Surgical Association.)

The internal use of opium to aid in the reduction of strangulated hernia, not being, I believe, part of the general practice usually resorted to, I beg leave to mention an instance in which its employment was successful, and which came under my own observation.

I was at the house of an eminent surgeon in this neighbourhood, when his assistant arrived with intelligence, that all the means used for the reduction of a case of strangulated hernia had failed, and that the operation must not be longer postponed. The assistant, a member of the College of Surgeons, had been with the patient during the preceding night, and had neglected none of the ordinary means constituting the taxis. Finding that opium had not been given, I suggested the employment of a large dose, and a teaspoonful of laudanum was immediately given. This producing no effect; after waiting two hours, another teaspoonful was given. This was almost immediately followed by prostration of the muscular system, a dilatation of the pupil in a remarkable degree, and the easy reduction of the hernia. The patient was a strong muscular man, a farmer's servant.

I deem this the more worthy the notice of members of our association, because I derived the hint from my excellent friend Dr. John Conolly, in conversation, when I had the pleasure of seeing him at the Anniversary Meeting at Oxford. The benevolent mind of Dr. Conolly will be gratified to learn, that an incidental remark of his saved at least one individual from a painful and dangerous operation.

The scientific world will deeply sympathise in the temporary withdrawal from the Royal Institution of all the public services of Dr. Faraday, who has been many years its chief ornament. Serious affliction from his incessant labours in the cause of science, is, unhappily, the cause of his secession.

We understand a subscription has been opened for the erection of a monument to the memory of Sir H. Davy, the celebrated chemist.

VACANCIES, PROMOTIONS AND APPOINTMENTS.

Second Regiment of Light Dragoons.—Assistant-surgeon James Wedderburn, from the Coldstream Regiment of Foot Guards, to be Assistant-surgeon, vice Monro, who exchanges.

Coldstream Regiment of Foot Guards.—Assistant-surgeon, James Monro, M.D., from the 2nd Dragoons, to be Assistant-surgeon, vice Wedderburn, who exchanges.

Fortieth Foot.—Assistant-surgeon Jno. Henry Brummell, from the Staff, to be Assistant-surgeon, vice Hadley, appointed to the Rifle Brigade.

Sixty-eighth Foot.—Assistant-surgeon David Lucas, from the Staff, to be Assistant-surgeon, vice Leslie, who exchanges.

Royal Canadian Regiment.—Assistant-surgeon Alexander M'Gregor, from the 32d Regiment, to be Assistant-surgeon; Assistant-surgeon James Millar, M.D., Assistant-surgeon, from the Staff, to be Assistant-surgeon.

Hospital Staff.—To be Assistant-surgeons to the Forces:—Assistant-surgeon Alexander Leslie, from the 68th Foot, vice Lucas, who exchanges; Robert John Cole, M.D., vice Millar, appointed to the Royal Canadian Regiment; Richard De Lisle, gent., vice Brummell, appointed to the 40th Foot.

Navy.—Assistant-surgeons:—G. Dock; H. Bowman (from the Illustrious) to the rank of Surgeon.—Surgeons:—Thomas Miller (from the Queen) to the Surgeoncy of the Plymouth division of Royal Marines, vice Ryall, who retires, with the rank of Deputy Inspector; J. Hatton, to the Malabar; G. H. Dabbs, to the Thunderer; A. Johnston, to the Warspite.

REFUGE FOR THE DESTITUTE DEAF AND DUMB.

The first meeting of this useful and much needed institution took place on Friday, the 27th ult., at the Crown and Anchor Tavern, Strand; Lord Calthorpe in the Chair. The object of this charity appears to be to provide an asylum for the youth and adult deaf and dumb. Various modes of employment will be procured for them. Trades taught, or otherwise provided for, so as to render them, in a degree at least, useful members of society. Particular regard is intended to be taken in respect to their moral and religious welfare.

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HOPITAL DE LA CHARITÉ.

MONS. VELPEAU'S CLINICAL LECTURES ON RETENTION OF THE URINE, CAUSED BY DISEASES OF THE PROSTATE GLAND.

No. V.

THE treatment required by diseases of the prostate capable of bringing on retention of urine, necessarily varies much. We will enter into some details upon the subject.

Inflammation and Abscess.—In the cases of acute swelling, which may be called phlegmon of the prostate, the anti-phlogistic treatment, in all its purity, is that which succeeds the best. One or more bleedings at the arm, if the constitution and the state of the pulse will allow it; the repeated application of leeches to the perinæum; lukewarm baths, either simple or gelatinous, continued for sime time; copious emollient injections; diluent drinks; saline laxatives, ought to be employed from the commencement of the disease. We ought, however, to mention, as in the introduction of the enema pipe into the rectum there is always a liability to touch the organ affected, injections ought not to be employed without some reserve.

Some have proposed the immediate application of leeches to the tumours, that is to say, to the mucous surface of the rectum, corresponding to the situation of the prostate, by means of an appropriate speculum. Some practitioners say they have experienced great advantage from these immediate capillary bleedings. But for me, I have rarely been obliged to have recourse to this proceeding. We must not forget, that, in these cases, the catheter always keeps up the inflammation more or less; and, consequently, must only be employed when it is impossible to dispense with it; and we ought to add, further, must only be used with the greatest precautions.

When the abscess is formed, that is to say, after five, six, or eight days of acute inflammation, the sound, introduced as far as the neck of the bladder, frequently allows us to rupture the purulent collection, by means of pressure made by a see-saw movement, from before backwards—and from above downwards. Immediately the pus is expelled, the course of the urine is re-established, and it is only necessary to continue the treatment of the sub-acute inflammation; the cavity gradually fills up; retracts even, generally, with rapidity, and the patient is not long before believing himself perfectly cured, although a portion of the swelling still remains. These cases are, without doubt, the most successful; but, as we have already observed, they do not always terminate in this manner.

When, whether from the consequences of acute suppuration, or from the effect of a gradually-softening down, organic or otherwise, the prostate, more or less completely destroyed, is, thus to say, replaced by a cavity in the form of another bladder; the resources of medicine offer but little that is efficacious. If this abnormal pouch was to be felt at the perinæum, we might, without doubt, open it from this side, but there would almost inevitably result a urinary fistula, and it is not certain that the obstacle to the functions of the bladder would cease. A sound introduced into the true bladder, and allowed to remain there, would likewise be of but secondary utility. Indeed, the sound would not fill the cavity of the urethra, especially in the prostatic region, with that exactitude, that no drop of urine could glide between the instrument and the tissues of the part. The result then would be, that the liquid, breaking into the prostatic cavity, would keep up the disease nearly in the same manner as if no sound had been passed into the bladder. Further, acting as a foreign body, the presence of the instrument would here be a further source of irritation, of suppuration, and of various other consequences. Admitting that the purulent cyst took on a different action and contracted—a fact of which I do not know one well-authenticated example, there would still remain a large distruction of the inferior parietes of the urethra, of such a sort that it is hardly possible to conceive the possibility of curing such an alteration. But it is said, since the patients do not die till twenty or thirty years after the first symptoms have shown themselves, it follows that the course of the disease is very mild. The following is the result of my observations upon this subject:—The layers which form the sac are intimately united with each other; and a kind of false mucous membrane lines the interior of the cavity; from this, the urine or the pus remains in the urethra till expelled externally, rather than become infiltrated into the surrounding tissues. The patient at this time lives as if he had a second bladder, with a certain degree of embarrassment in the urinary functions. By this circumstance, although a little more susceptible to experience an embarrassment in functions, he still continues to live in a passable state. If new symptoms come on, they are due either to inflammation of the cavity or to the raising up of its postero-superior portion. In the first case, local emissions of blood, emollient injections, mild diet, with some opiates, are frequently sufficient to re-establish the former order. In the second, we may have retention of the urine caused by the elevation of the point of the triangle of the bladder; but the employment of the catheter always allows us easily to evacuate the prostatic cavity, and generally enables the patient to void his urine spontaneously. Hence, ordinarily, it is only after some length of time, and from successive irritations, or of some complications, that this lesion finishes by seriously endangering the life of the patients. The surgeon, in these cases, ought rarely to expect more than a palliative cure, or to relieve the various symptoms which show themselves from time to time. To avoid excess of all kinds, to abstain from riding on horseback, or remain a long time in a coach, to void the urine each time a desire is felt, to deprive himself of strong-tasted food, to use frequently the tepid bath, to keep the bowels open, to cause the introduction of the catheter by an experienced surgeon each time a difficulty is felt in voiding the bladder, to employ, according to circumstance, emollient injections. Such are the principles which ought to guide us in a general manner. As to the particular applications required by each special case, we cannot indicate them here: we will point them out as the cases which occur will furnish us occasion.

Tumours of the Prostate.—I do not know if they have ever been enabled to cause the absorption of true tumours of the prostate; we understand that a simple hypertrophy of this organ kept up by a slight irritation, by a subacute inflammation, may subside under a just treatment properly administered; but we can scarcely understand, that isolated tumours, whether they depend upon a change of the natural tissue of the gland, or whether they are produced bodies of a true new formation, can disappear by absorption or by resolution. Be that as it may, if there exists in the prostatic region of the urethra the least appearance of morbid action, of old inflammation, we must have recourse to detersive injections thrown in as far as the bladder, to touching the mucous surface of the prostate slightly with the nitrate of silver, to some leeches applied every fifteen days to the perinæum, to frictions in the region, night and morning, with mercurial ointment, iodide of lead, iodide of potassium, &c.; to small blisters, to salt or alkaline baths, to the use of alkaline waters, sea-bathing, &c.

Further, if these tumours do not project into the urethra, under the form of a fold, a cock's crest, a polypus, or round projection, they remain a long time without bringing on difficulty of passing the urine, and without exciting the attention of the patient. When, under this form, they embarrass the emission of urine, it is, as we have already said, because they alter the course or flatten the urethra. Here, in this case, the catheter, which, in general, is not difficult, would remedy all the evils, if it could be performed every time it was necessary to evacuate the bladder; but as this is only possible, with difficulty, we may hope for a certain relief by the employment of sounds which remain in the bladder. After remaining two or three days, these instruments sometimes give to the canal a form or a direction, which allows the bladder to take on again, for some time, its functions; but we ought to expect the same symptoms to re-appear, and to be obliged to have again recourse to the same means of relief. We will presently return to the subject of the sounds being left in the urethra.

No. VI.

Tumours of the Interior of the Urethra.—The class of projections which may obstruct the prostatic portion of the urethra comprehends a too-large number of varieties, to give equally the same hopes from the resources of practice. We must mention, in the first place, that the simple folds, with the concavity anteriorly or posteriorly, may easily be destroyed or divided, if they were first well recognised, and if it was proved that they were the cause of the obstacle to this issue of the urine. All those instruments invented for destroying strictures of the urethra readily allow us to attain this object in such cases. If a tumour, in the form of a cock's-comb, more or less hypertrophied, constitute the disease, it does not appear to me proper to attack it with sharp instruments, its excision would be difficult, and it would leave in its place a wound which might bring on an acute inflammation, suppuration of the prostate, and even infiltration of the urine. Cauterisation appears insufficient as a means of destroying it; hence, in a mechanical point of view, it appears better not to touch it. But this is no longer the same, if this excrescence has surmounted a swelled vegetation with a narrow base; in this case we may attempt the destruction by means of a sharp instrument, by the ligature, or by means of the caustic. The caustic, carried with a certain degree of force upon the whole of one of the surfaces of the root of the tumour, every two or three days, will finally act as a sharp instrument, and offer some chance of success. But one of those instruments, invented by MM. Guillon, Tanchon, Ashmead, Ricord, Leroy, d'Etiolles, &c, carried in the same manner, and successively, upon the two sides of the species of membrane which composes the root of the tumour, will succeed both much more quickly and much better, without exposing the patient to more danger. Although possible in certain cases, the ligature, which, however, is only applicable to tumours of a certain enlargement behind and in front, offers, in every respect, less facility and less certainty in its results. There remains to be noticed another method—that of boring. This method is, without contradiction, most applicable to tumours of the urethra having the form of the cock's-crest, to tumours of a moderate construction, to tumours more fungous than fibrous, and finally to those which rather belong to the fibro-mucous tissue of the urethra, than to the prostate itself. The instrument carried from right to left, then from left to right, has every chance in tearing, bruising and detaching these pathological vegetations.

As to the folds, with concavity looking posteriorly, and that kind of projection which is confined to the posterior part of the urethra in the form of an arch, we may attach them in different manners. It is in these cases that the instruments called "*redresseur de l'urètre*," invented by MM. Pravaz, Tanchon, Leroy, d'Etiolles, have been of service, and have given some relief to the patients. Introduced into the bladder curved, and then straightened, and maintained immoveable for half-a-day, one or more

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days, these instruments may produce a sufficient debasement of the base of the prostate, so that the plane of the bladder may be, for a short time, on a level with the plane of the urethra. I must, however, add, that in my opinion these "*redresseurs*" are useless. A sound, slightly bent near to its end, will answer every purpose, for though curved to enable it to enter the bladder, the sound, once in its place, is, in reality, straight for the whole length of the urethra.

Besides this means, we have to consider if the perforation of this projection—if the division upon one or many points of its free border towards its base, with a sharp instrument, or if its destruction by caustic, may not be attempted. The perforation of this kind of valve cannot be very difficult, nor do I believe very dangerous; but it is doubtful whether this will render the course of the urine much easier. Everything, indeed, shows that the wound will presently close, or that it will be reduced into a kind of groove, incapable to fulfil the functions of the urethra. I prefer, in consequence, to cleave the projection in question with a sharp instrument upon several points of its border, than to attempt the perforation. These clefts, by numerous incisions, will give the chance for the establishment of as many slits, separated by isolated tubercles, which render the retention of urine much more difficult. As to the cauterisation, it appears to me not sufficiently active; it is necessary to reapply it too many times for us to recommend the use of it.

Pedunculated Tumours. — The globulous tumours in the form of polypi, belonging to the prostate, and which, nevertheless, are only retained in the urethra by a pedicle, by a root smaller than the head, may, strictly speaking, be detached, as those in the form of a cock's-comb—of which we have already spoke—by dividing their root with a sharp instrument or by the caustic. But it is to these tumours that the ligature is especially applicable. Carried into the bladder by one side of the tumour, and withdrawn by the opposite side, the ligature may readily be fixed upon this point by means of appropriate instruments. Nevertheless, this practice is not yet sufficiently known, and but too little employed for me to dwell long upon it. We will insist upon this point in another circumstance.

Catheters that remain in the bladder.—Whatever may be the tumour that has provoked the ischuria, it is important, after having emptied the bladder, to prevent the re-occurrence of the retention. It is with this intention, that a catheter is allowed to remain in the bladder, or that it is introduced three or four times a-day. The sound being allowed to remain, gives to the patient perfect tranquillity, and permits him to void his urine at pleasure, and does not expose him to the difficulties of a new introduction of the catheter; but we must also know, that this sound may bring on serious inconveniences; in the first place, it irritates the whole length of the urethra to such a degree, as frequently to produce a kind of olenorrhœa—pains difficult to bear, and finally fever, and a general re-action, more or less intense. In the prostate, the irritation caused by this sound, which acts as a foreign body, may determine a real inflammation, and serious consequences. Finally, the bladder itself may sometimes suffer considerably; a catarrh of this organ, or a true cystitis, may be brought on by the presence of this sound. We must also add, that by the pressure which it exercises on the root of the urethra, and the point of the triangle of the bladder, the sound left in the urethra may produce ulceration, and insensible disorganisation of the tissues, and thus become the cause of serious disorders, which it is not easy to foresee. Cases have even occurred, where, by the pressure of the point, a true perforation of the bladder has been induced.

Nevertheless, the possibility of this last accident, has been singularly exaggerated. The sounds, employed in these cases, are made of elastic gum, which perfectly mould themselves to the cavities they occupy, and which almost never fail to take and keep when in the bladder, an inoffensive curve. On the other hand, who does not know that there exists an infinity of subjects, who have the habit of using these sounds of themselves, who introduce them, and wear them sometimes during several months, and even several years, without any serious inconveniences resulting. But it is not the less true, that if the patients can be taught to sound themselves; or if it is possible for them to have the frequent visits of a surgeon or a student practised in the operation, that the repeated catheterism is preferable to allowing the sound to remain. By thus emptying the bladder two or three times a-day, and afterwards withdrawing the sound, we allow the bladder to regain its natural contractility. I have frequently observed, that after leaving the sound in the bladder, one, two, or three days, the patients have been enabled to void the urine on withdrawing it;—hence, I have been accustomed to withdraw the sound at the end of two or three days, and to replace it after two days of repose; and to follow this plan until the use of the instrument is no longer necessary, and until the urine can be voided without its intervention. There are, moreover, so many details necessary to each of these therapeutical applications, that I am obliged to confine myself to these general observations. No doubt we will have more than one occasion to insist upon each of the particulars of so important a subject.

ACADEMY OF SCIENCES, PARIS.

REPORT OF THE COMMISSION ON GELATINE. BY M. MAGENDIE.

The commission in whose name I have now the honour of reporting, has been ten years in existence, during which lengthened period it has sustained, several changes, both by death and resignations. At present it consists of MM. Thenard, D'Arcet, Dumas, Florens, Serres, Breschet, and your Reporter.

In 1832 the commission presented to the Academy, by its then organ, M. Chevreul, a report of the preparation and properties of the soup of the Dutch company. This report the Academy deemed important, as they ordered it to be published.

Since that period your commission have been frequently called on to present their final report, but always made answer that it was impossible to fix any date at which the experiments which were in progress would be completed: the Academy will now be in a predicament to decide whether time has been wasted by the commission, and whether all has not been done which, under the circumstances, it was possible to effect.

We must briefly advert to the circumstances which led to the appointment of the commission, now so well known by the appellation of the *Commission on Gelatine*, that this appellation should be retained, though gelatine was far, indeed, from being the exclusive object of their investigation.

It is well known how assiduously M. D'Arcet has been occupied, during 30 years, respecting the extraction of gelatine from bones, with the view of substituting it for flesh meat, especially in the preparation of broth and soup destined for the indigent. Despite the numerous obstacles which our colleague encountered, his efforts were never for a moment relaxed: his hopes, his convictions, still remain the same as they were in 1812, the epoch when his labours commenced.

M. D'Arcet, notwithstanding his zeal, his numerous publications, and the arguments which he unceasingly accumulated in support of his favourite idea, was unable to effect the general adoption of his views; on the contrary, he experienced the most active opposition: it was, and still is, maintained, not merely that gelatine cannot be substituted for flesh meat, but that it is a substance little, if at all, nutritious, and even that its use is, in some respects, prejudicial.

Our colleague, in vain, opposed his adversaries, by multiplying his proofs and arguments: counter-proof and counter-arguments were adduced. The discussion was pushed so far, became so warm, that both parties wished for the decision of the Academy on the matter. The Academy consented to arbitrate in this difficult and delicate question, and appointed the commission which is now about to render an account of its labours.*

From its formation, the commission saw that the question of the nutritive qualities of gelatine could not be limited to the preparation of soup intended for the poor; thus restricted, the problem would be culinary rather than scientific: its true judges would be the consumers.

The commission further refused to consider separately, each of the numerous memoirs referred to it by the Academy. Not only were those documents printed, and thus within the cognizance of the public, but the commission would thus have been hampered in the prosecution of its own proper researches. It was determined to place the question on the widest possible basis, and your commission framed the following as the problem to be solved:—

Can we, by any economic process, extract from bones an aliment which, isolatedly or by mixture with other substances, may be substituted for flesh meat?

Embracing such a wide scope, the problem became one of immense importance, inasmuch as it involved no less a matter than to make known and furnish for consumption an article of diet, abundant, cheap, and hitherto neglected. And thence your commission, considering that it was composed of chemists, physiologists, and physicians, deemed it right to institute researches which might, perhaps, lead to the definitive solution of a problem so interesting to humanity.

The subject was divided into two parts. To one section of the commission was specially entrusted the chemical researches; to another those relative to physiology.

We now have the honour to submit to the Academy the general results of a labour which has been conducted, without interruption, for nearly ten years, and which, to complete the subject, should be continued still longer; but, as it is, we trust our labours will appear not altogether unworthy of attention, as they bear the special and distinctive characters that appertain to experimental researches—that is to say, results unexpected, for the most part new, and some of them contradictory to received and plausible opinions.

It will also be seen how, the intention being to study gelatine in particular, we have been led to study the nutritive properties of several other constituents of alimentary substances, and that thus we have, in fact, been led into a study of alimentation generally, one of the most important, but yet amongst the most obscure points in physiology.

History of the Extraction and Employment as Food of Bone Gelatine.

The use of gelatine as aliment has been of old discussed by philosophers and economists. The Academy itself engaged in the inquiry a few years after its foundation, and again at a more recent period.

In 1680, a French physician, resident in England, announced in Paris that he had invented an instrument, by means of which "he could soften bones, and cook, in a much more perfect manner than had been hitherto practised, every kind of flesh meat, so that the hardest flesh of the oldest cow, for example, could be rendered as soft and sapid as the best meat." The apparatus capable of effecting such astonishing transformations was presented to the Academy, who witnessed it in action, and thus saw the first application of high-pressure steam to economic purposes. Need we say that this was the famous Papin's digester, and that this physician was Papin.

It does not, however, appear, that the digester realised before the Academy the transformation of "the hardest flesh of the oldest cow" into soft and sapid aliment. Steam, even in the present acmé of its power, has not performed that prodigy; but the instrument gave demonstrative proof that bones contained in their parenchyma a large quantity of jelly, much more, in fact, than that contained in the flesh itself. Thenceforward, bones were regarded as a fruitful source of aliment; jelly being then regarded by many as the substance pre-eminently nutritive.

In the early periods of the French revolution, when philanthropy was the fashion, much was spoken of ameliorating the food of the people and of the army; and all thought that bones afforded a means of realising such speculations.

Many of the learned, amongst whom we may mention Proust, D'Arcet (the father of our colleague), Pelletier, &c., seriously examined this question, and all confirmed the statement that bones contained a very large amount of jelly; and these skilful chemists gave methods for facilitating its extraction and use.

Such a result, published at a period of such excite-

* M. D'Arcet, from an impulse of delicacy which all who know him anticipated, has abstained from taking any active or direct part in our labours; but was ever ready, with unwearied diligence, to afford any assistance which might facilitate our researches.

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ment, when every novelty, of what kind soever, was favourably received, excited in the literary and political circles an enthusiasm, the greater because of the lamentable effects of the then prevailing famine. And in the instructions published by the then existing government, with the aim of promoting, amongst the people, the use of gelatine, we find the following assertions:—

"A bone is a cake of soup formed by nature.

"A pound of bone yields as much soup as six pounds of flesh meat.

"Bone soup, as regards its dietetic qualities, is preferable to that prepared from flesh.

"A bone needle-case, the handle of a knife, a dozen of bone buttons, are so many dishes of soup supplied for poverty."

In this phraseology, where hyperbole is pushed to its utmost limits, we discern the fact that "jelly" and "nutritive substance" were considered as synonymous terms. The relatively nutritious properties of flesh and bones were, without hesitation, measured by the quantity of gelatine which they respectively contained, and this, notwithstanding that not an authentic fact, not a single experiment authorised the adoption of such an idea.

Cadet de Vaux, the author of the instructions just quoted—an ardent philanthropist, but a shallow philosopher—submitted to the Institute a memoir containing his views respecting the employment of bones, which was examined by MM. Guyton-Morveau, and Deyeux.

The report resulting from this examination could not have completely satisfied the author of the memoir. It was admitted that gelatine was nutritive, and might to a certain extent, replace flesh in the preparation of soup (an admission, no doubt, great); but the reporters could not abstain from adding, "it is not demonstrated that the nutritive quality of an alimentary substance is measured by the quantity of gelatine it contains; for the flesh of young animals, though much more gelatinous than that of adult animals, is, nevertheless, less nutritious." Thus, while praising the zeal of the author, they confined themselves, as their conclusion, to requesting that "he might continue his researches respecting so interesting a subject, and neglect no means of removing the prejudices which were, perhaps, the cause that hitherto so little use had been made of bone gelatine, notwithstanding the numerous proofs of its utility adduced by Proust and D'Arcet."

At the period when this report was made (24 Messidor, An. X.) everything contributed to the success of gelatine—the researches of philosophers, the approbation of the first class of the Institute, the patronage of the government, the general disposition to ameliorate the sufferings of the people, for everywhere were instituted philanthropic societies for the distribution of charitable assistance, but more especially for the supply of cheap soups. But yet it must be acknowledged that the use of gelatine was not extended, so far, at least, as we can discover, even among the indigent classes.

What was the reason of this? Was this one of those blind prejudices so often existing amongst the vulgar, and which reject all examination, any demonstration? This is not impossible; for it is not rare to see men guided by their passions, court wretchedness with as much ardour as is usually directed in an endeavour to ameliorate their condition.

It seems, however, difficult to admit that respecting a matter so specific, so practical, so personal, to each individual as that of food, that an entire people should agree in rejecting what was beneficial and salutary.

A simpler explanation of this popular repugnance may be, perhaps, found in the results of some experiments performed by D'Arcet. That philosopher, persuaded that gelatine is the essentially nutritive constituent in both bone and flesh, sought to ascertain what was the relative proportion of it contained in each. He ascertained that bone yielded, by decoction in water, a quantity of gelatine vastly greater than that obtained from flesh. But he also found that bone gelatine differed greatly in its physical properties from the gelatine of flesh.

"The latter" he says, "refreshes by its odour and pleases by its taste. Bone gelatine on the contrary, is as insipid as gum or mucilage; it is simply nutritive, and thence requires seasoning, for seasoning is one of the conditions essential to aliment whether for man or animals."

Thus, according to D'Arcet, jelly of flesh is, as every one knows, agreeable to taste and smell; it is also reputed to be very nutritious, for it is given to the sick and the convalescent; while bone jelly is inodorous, insipid, and requires seasoning; as to its nutritive qualities, that chemist never for a moment called them in question—"it is," he says "an elaborated gluten almost fit for discharging the functions for which nature has destined it." He never thought any more than his predecessors, of putting this fundamental fact to the test of experiment.

Need we then be surprised at the preference given by consumers, whether rich or poor, to soup made from flesh, to that prepared from bones? to a food agreeable and acknowledgedly nutritious, rather than to one without taste or flavour, recommended, indeed, as excellent aliment by some most respectable persons, but whose nutritious qualities had never been verified; in such a case the selection could not be doubtful.

Death removed M. D'Arcet before he could complete his interesting researches on gelatine; he bequeathed them to his son, and, to his honour be it said, never was a legacy more religiously cultivated.

In fact, his first chemical labours had gelatine for their object; and during nearly 30 years, he has never ceased to pursue the subject, and at present pursues it with, if possible, more ardour than in his youth.

It does not fall within our province to examine the numerous memoirs of our colleague, whether relating to the extraction of gelatine, or to its use as food. We may, however, state that M. D'Arcet has inherited his father's faith in the nutritive virtue of gelatine. According to him the bones of four oxen, rightly applied, create a fifth, or to use his own expression, of four oxen we may make five, and thus augment in a very considerable proportion the best of human aliments.

Our colleague's reliance on the nutritious properties of gelatine was the more natural at the commencement of his career as his belief was shared with some of the most estimable learned men of that epoch. This reliance was confirmed by the following circumstances:—

The Philanthropic Society of Paris, to which body M. D'Arcet had proposed the admixture of gelatine with the food of the poor, propounded the two following questions to the Faculty of Medicine of Paris.

I. Is the gelatine of M. D'Arcet nutritious, and if so in what degree?

2. Is its use as food salubrious, or can it produce any ill effect?

The learned body appealed to, deemed it needless to answer the first question, considering it as perfectly determined. "There is no one," it is said in the answer, "who is acquainted with the properties of flesh, that is not convinced, that the nutritious properties which it communicates to soup are chiefly, if not entirely, due to gelatine."

To the second question it was replied, "that of forty individuals who, during three months, made use of soup prepared at La Charité, according to M. D'Arcet's process, not one manifested any symptom of any kind attributable to the gelatine: their diseases ran their usual course, and the convalescences were not longer than usual." It was thence concluded "that not only is gelatine nutritious, and easy of digestion, but it is also salubrious, and cannot, if used as M. D'Arcet proposes, produce any injurious effect on the animal economy."

It is obvious that no precise answer was given to the very definite questions of the Philanthropic Society. To the question—is gelatine nutritious? and if so to what degree? it is replied that the question is determined, and that they do not consider it. To the query; is gelatine salubrious? the answer is, soup containing a certain proportion of that substance produces neither good nor bad effects.

The report of the Faculty then left the scientific question as it was, and doubtless the Philanthropic Society were of this opinion, as it did not adopt the proposal submitted to it.

The opinion of the Faculty of Medicine nevertheless exerted a great influence on the employment of gelatine. Several public establishments in Paris, as La Charité, the House of Refuge of M. Belleyme; the Military Hospital of Val de Grace, the Mint, l'Hôpital St. Louis: the Hotel Dieu, adopted M. D'Arcet's steam apparatus for the preparation of gelatine. Several of these institutions, however, soon ceased to use it, on various pleas more or less plausible, but especially because of the repugnance of the consumers.

At the Hotel Dieu, the discontinuance of the use of the solution of gelatine was set forth in a report to the general council of the hospitals, by the physicians, surgeons, and *pharmaciens* of the hospital, conjointly with M. Henry (père), chief of the central pharmacy of hospitals.

This report is important; for everything relative to the preparation and use of the solution of gelatine is there dealt with in a manner that leaves little to wish for. We must therefore give a somewhat extended analysis of this report, and number the report itself amongst our justificatory documents.

The first chapter we shall not dwell on; it consists of an historical exposition of the extraction of bone gelatine and its employment in the preparation of soup.

The second chapter, which we shall textually transcribe as a note to this report, contains the results of researches on bone gelatine, and on soup prepared therefrom. The conclusion of this chapter, which contains numerous facts and experiments of vast interest, are in all respects unfavourable to the adoption of the new method. "The soup," it is said, "made with the solution of gelatine is of bad quality; it putrefies more readily than soup made in the old way.

"Its taste is disagreeable to the extent of being insipid and exciting disgust.

"It is less digestible than ordinary soup, and even impairs the functions of the digestive organs.

"It contains a smaller quantity of nutritious matter than soup prepared by the old method.

"The nutritious matter that it does contain is inferior in quality to that contained in common soup."

The third chapter of the report treats of the preparation of the new kind of soup in an economic point of view, and the advantage is said to be so trifling as not to compensate for the inferiority of the product. The saving amounted to but 7 francs 13 centimes daily, in such an extensive establishment as the Hotel Dieu.

The fourth chapter contains practical remarks on the various methods of preparing soup from flesh, on the large scale.

The report terminates by the following general conclusions:

1. A solution of bone gelatine in water presents the following characters:

It is slightly opalescent and viscid.

It has a most decided subnauseous smell and taste.

It leaves a disagreeable after-taste which persists for a long time.

It readily becomes putrescent.

When stale it has a fœtid taste and smell.

2. When ingested, even in small quantity, though rendered more sapid by the addition, whether of salt or of legumes, it excites nausea, ardent thirst, borborygm, flatulence and diarrhœa, it debilitates and disturbs the functions of the digestive organs.

3. The solution of gelatine communicates its qualities to every mixture of which it is a constituent, and the more so, the larger the proportion in which it therein exists.

4 Soup prepared from the solution of gelatine and flesh has a muddy colour. It cannot be clarified. Its smell and taste are nauseous.

It yields a dry extract, which is insipid and contains a very small quantity of osmazome, the smaller, the less the quantity of flesh used in preparing the soup.

It possesses neither the odorous aromatic or sapid qualities indispensable in soup of good quality.

It does not exert on the digestive organs the excitant action necessary to facilitate digestion.

5. Soup containing bone gelatine is prejudicial to persons in health, but is much more so to sick persons and convalescents.

6. Flesh cooked in a solution of gelatine, with the view of making soup, acquires a red colour, which disgusts those that make use of it.

7. Bone gelatine, even if it possessed all the pro-

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perties necessary for the preparation of good soup, exists in the solution obtained by steam in too small quantity to replace the juice of flesh meat, which it is intended to replace.

8. The extraction of bone gelatine by the methods in use, is dangerous, as it necessitates the employment of high pressure steam.

9. The economy apparently resulting from the employment of bone gelatine is counterbalanced by the readiness and frequency with which soup thus prepared runs into putrescence.

10. The process of extracting bone gelatine by steam, yields a product defective in quality, as it contains a certain quantity of animal matter, saponified by the action of too elevated a temperature. But this temperature is essential to the extraction of any considerable quantity of bone gelatine.

11. Were the method of extraction more perfect, it could not alter the nature of the gelatine, which is a bad food even were it nutritive.

The report recommended the suppression of the apparatus, which was adopted, but not until the general council of the hospital consulted M. Soubeiran, as to whether there were any means of ameliorating the quality of the product. To this enquiry M. Soubeiran replied:—

1.—That it was almost impossible to procure a clear soup with M. D'Arcet's solution of bone gelatine, and 250 grammes of flesh meat to the litre.

2. That if the liquid be saturated with acetic acid, so as to let the acid be slightly in excess, a mucous looking deposit occurs, the solution of gelatine becomes transparent, and forms a clear soup.

3. Gelatine extracted from bones by means of muriatic acid, and placed in the pot while yet moist, makes a perfectly clear soup.

M. Soubeiran concludes by saying, that he considers the extraction of gelatine from fresh bones, by means of muriatic acid, as preferable to the employment of steam, the latter mode being too difficult of management to be applicable to the daily service of an hospital. Almost at the same period, M. Donné, previously a great partisan of gelatine, perceived that the nutritive properties had never yet been submitted to any experimental investigation.

M. Donné instituted experiments on himself, and on animals, and although gelatine constituted but a fractional part of the food with which he himself and two dogs were concurrently supplied, he, nevertheless, became convinced that gelatine was little if at all nutritive.

"The gelatine which I used," says M. Donné in his memoir, "was in the state of jelly very concentrated, sweetened with sugar, and seasoned to my taste either with lemon or some alcoholic liquor. I gave it to my dogs mixed with fat, and salted. Having taken, the ten first days, at three different hours of the day, from 20 to 50 grammes of dry gelatine, with from 85 to 100 grammes of bread, I found that I had lost two pounds in weight. During the whole period I had suffered from hunger, and I experienced a tendency to faint, which only disappeared after I had dined in my usual manner."

Of M. Donné's two dogs, one ate during the first four days from 120 to 240 grammes of bread daily, and after that period the animal refused to touch the gelatine, in whatever form it was offered to it, even when mixed with fat broth, or mingled with a little flesh, and he would have died of hunger beside it, as he had become extremely emaciated.

The other lay during four days beside the gelatine prepared in various manners, without touching it even once.

M. Donné's memoir gave origin to another on the same subject, on a much more extended plan. M. Gannal, chemist and glue manufacturer, had long observed that the rats in his premises, though they greedily devoured every other animal substance, touched neither gelatine or glue. He thence conceived doubts, as to the nutritive properties of gelatine; and M. Donné's memoir, determined him to investigate this important subject experimentally, and ascertain—

1. If gelatine alone was sufficient to support life.

2. If the addition of other substances was necessary, or on the contrary; and if so, in what proportions.

3. Finally, if gelatine is nutritious, what advantages result from its employment.

These researches, whose objects were, it may be seen, specifically determined, were performed on M. Gannal himself, and five persons of his family (three of whom were children), and also on several pupils of Val de Grace. They were witnessed by Serullas, member of this Academy.

We cannot enter into a detail of these experiments, but their results were very decided. They proved to M. Gannal that gelatine, flavoured however agreeably, was incompetent to nutrition. On the contrary, that under its use the health became rapidly deteriorated, the consumer suffering from headache, faintness, and frequent desire to pass urine, symptoms which soon disappeared on a recurrence to ordinary diet.

The experiments further proved, that a diet, consisting of gelatine, associated with a considerable portion of bread, was adequate to nutrition, though it caused unusual thirst; but (and this fact is important, as we shall find it again noticed) if the gelatine was replaced by pure water, alimentation was equally perfect, nay, even somewhat superior, for the author says, "I have found myself lighter and apter for occupation."

These experiments, however, could not be persevered in beyond a few weeks, for all the individuals who thus honourably lent themselves to the investigation, acquired such a disgust for gelatine, that they could not continue its use in any shape. M. Gannal deduced from his experiments, that gelatine was not merely innutritious, but absolutely prejudicial to health, when it constituted a certain proportion of diet.

Contemporaneously with M. Gannal, M. Edwards (aîné), a philosopher of great skill in the difficult art of physiological experiment, conjointly with M. Balzac, investigated the employment of gelatine as an article of food.

The labours of these physiologists are curious in many respects. They admitted, at starting, that gelatine alone is not nutritious, founding this admission on experiments previously made by one of your commission; and that in this respect, it resembles many other vegetable and animal substances. They also, from these same experiments, admitted, that white bread itself is not sufficient for alimentation. And they further considered it as demonstrated, that soup made of white bread and decoction of horse flesh, was a sufficient and suitable nutriment for dogs, the animals on whom they experimented.

The most remarkable results of their researches are: that white bread and a solution of gelatine do not constitute an alimentary diet. Animals thus fed, generally lose weight, and fall into a state of debility, the certain precursor of approaching death. This result is, however, more rapid when, in lieu of combining bread and gelatine, the animal is supplied with bread and slightly salted water alone. The most prominent fact in their memoir is, perhaps, the following:—

A young dog was for some time fed on bread and gelatine. The animal had lost almost a third of its weight, and was excessively feeble; at the point of death the authors say. Four spoonfuls of beef broth were now added to the animal's daily ration, and from that moment he regained his primitive weight and strength, his nutriment became sufficient, in consequence of the happy effects of a trace of the odorous and sapid constituents of flesh. This result agrees with the fact observed from time immemorial, that broth of flesh restores convalescents, and persons enfeebled whether from inanition or other causes.

It would have been well, had the authors, after enfeebling an animal by a mixed diet of bread and gelatine, suppressed the gelatine, and replaced it by a minute quantity of beef broth. The share of gelatine in the results would have been thus demonstrated.

The conclusions of the memoir of MM. Edwards and Balzac are—

1. A diet of bread and gelatine is nutritious, but insufficiently so.

2. Gelatine plays an efficient part in the nutritious properties of such a mixed diet.

3. A diet of bread and broth is competent to produce complete nutrition.

4. Meat broth added to bread and gelatine, nourishes perfectly.

These researches, though evidently undertaken with dispositions in favour of gelatine, testify in favour of meat broth, which, added even in small quantity to the diet, renders it sufficiently nutritious, while if it be wanting, the regimen is incompetent to support life; and as to the nutritious properties of gelatine, were we to judge from the experiments of MM. Edwards and Balzac, they seem extremely limited, and even doubtful.

After researches so well conducted, and conclusions so judicious, we are astonished to find M. Edwards, in a subsequent memoir entitled "Statistical Researches on Gelatine as an Alimentary Substance," speak of gelatine as follows:—

"It is a substance which, from time immemorial, has constituted part of the food of man; its use is so ancient that it is antecedent to historical muniments, since it dates from the period when man, taking one of the first steps towards civilisation, ceased to consume raw flesh. What article of food has received the sanction of a more extended experience? On the one hand, we have one or two dissentient voices; on the other, the approbation of the entire world for thousands of years: the balance is infinitely in favour of the world."

This second memoir of M. Edwards contains, however, no new researches respecting the use of gelatine, but it presents a *résumé* of the public institutions in which gelatine was more or less employed as food for the poor. In this respect, exactness is carried so far as to calculate the number of rations thus distributed. The number is great, but this in no respect elucidates the question, as at the utmost it but proves that gelatine may be without mischief introduced into the food distributed to the poor.

Such was nearly the state of science when the commission on gelatine resolved to test experimentally the nutritious properties of gelatine.

It must be acknowledged that the task might have been greatly simplified, as the warmest partizans of gelatine no longer maintained, as formerly, that gelatine "is the aliment of aliments, that a bone is a cake of soup, and that bone soup is preferable to meat soup." Gelatine was now only represented as an azotised substance, fitted to animalise the water destined for the cooking of vegetables or meat.

Within these latter limits the question had been determined by such public institutions as the Hôpital St. Louis, where a gelatinous solution was used in the preparation of soup. It was obvious that in a very small proportion the solution of gelatine is not injurious, and might even be advantageous, if it be true that it is, when mixed with meat broth, more nutritious than pure water, a matter, however, as yet undetermined; for it may be seen in the foregoing historical sketch that the addition of the same quantity of water to broth, seemed, not merely not inferior, but even preferable to gelatine.

The commission, however, determined to neglect all antecedent documents for a time, and to examine the subject as if it had never been examined previously.

Our experiments were conducted in the spacious cellars of the College of France, where the temperature and hygrometric condition of the atmosphere are almost invariable; they were performed on dogs, animals the fitter for such researches, as their habitual diet is very analogous to that of man, as they have a decided liking for bones, which they masticate, digest, and thus extract their organic constituents.

It was, above all, necessary to determine what the substance actually was on which we were to experiment.

The parenchyma which dogs extract from bones during the act of digestion, is it gelatine?

Do the tendons, the cartilages, the skin, &c., from which gelatine is manufactured, contain that substance ready prepared? Clearly not: chemistry actually creates it, by modifying these various tissues with the help of water and heat. Gelatine, it has been long known, is an artificial product and not an organic element.

We considered this distinction as most important; for the fact being so, an animal may be nourished on bones and not on gelatine; in fact, in proportion as the animal tissues are modified by chemical agents, as they lose their natural structure, as they become

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soluble, we find them become less putrifiable and less assimilable.

These ideas have been elsewhere enlarged on by one of your commission. They are of a kind calculated to show that gelatine may be possibly divested of nutritious properties, even though the tissues whence it is obtained are unquestionably nutritious.

It must be recollected, too, that the tissues which furnish gelatine do not all yield the same product.

Gelatine sometimes yields a precipitate, which sometimes effects no alteration on solutions of iron or alumen. In the first case the solution contains genuine gelatine, in the second it contains a different substance called *chondrin*. Finally, gelatine becomes altered by protracted ebullition, or by a temperature exceeding 105 C. (221 F.) ammoniacal salts become developed in it; it gets syrupy, and loses its characteristic property of forming jelly with water.

From these preliminary considerations, it results that the phrase gelatine designates several very dissimilar substances.

1. The organic parenchyma of bones; the cartilages, the ligaments, &c., which are transmuted into gelatine by various processes. 2. Chondrin. 3. Gelatine, properly so called. 4. Gelatine altered by heat.

Of these four substances, one only was to be first employed—namely, the substance obtainable from bones, by methods sufficiently economical to allow of its use as food at a cheap price.

Experiments on Gelatine.

This first series of experiments had for their object to ascertain whether dogs would nourish themselves by eating gelatine.

With this view, pure gelatine of the kind called alimentary was given to a certain number of dogs, deprived of all other kind of nutriment. It was given in various forms—dry, moist, and in a tremulous jelly.

It was found that pure gelatine was an aliment not relished by dogs. Several of these animals suffered the agonies of hunger, and would not touch the gelatine lying within their reach; others of them tasted, but would not swallow it; and others, again, ate a first and second time, and then obstinately refused to use it.

We thus obtained the proof that gelatine differs materially from bones, which dogs swallow greedily, for, when purified, and destitute of taste or smell, it does not attract them, even when they suffer the extremity of hunger.

This first result, though a negative one, was not unimportant; for famished animals, especially dogs, are by no means nice in their selection of food. If shut up together, for example, and destitute of food, after some days they feed on one of their number. In this respect (lamentable to say) resembling man.

Experiments on Seasoned Gelatine.

In this series of experiments the gelatine was rendered sapid by the addition of various kinds of seasoning.

We commenced with the alimentary gelatine prepared by the sausage-makers, which is obtained by boiling down remnants of various parts of pork, the remains of fowls being often added. Its taste is very agreeable, and it is much prized.

The first dog to whom this jelly was offered, ate it during several days with much avidity; but his relish for it soon abated; he ate it more slowly, and after a few more days, took but a part of it, and manifested symptoms of dislike; at length he refused it entirely, limiting himself to smelling to it, doubtless to ascertain if it had been somehow altered. At length, on the 20th day of the experiment, the animal died of hunger, having, within reach, a food which at first he made use of with eagerness.

This experiment was repeated on several other dogs, with exactly the same result—that is to say, death with signs of complete inanition occurred on the 20th day or later.

Though no doubt could remain, we wished to multiply our essays, to be certain that the results did not depend on some individual peculiarity. With this view we submitted other dogs to the same regimen, but did not push the experiment beyond the manifestation of disgust, which very rarely occurred later than the 6th or 8th day; the animals were then placed on their usual diet, and their health was soon restored.

According to these experiments, then, a dog may live 20 days, feeding exclusively on gelatine flavoured with the odorous and sapid principles of flesh meat. But what influence was exerted by the gelatine digested during the course of the experiment?—would the animal die sooner, if deprived of all aliment? Our anxiety to determine this question gave rise to another set of experiments, which were performed on 22 animals.

Experiments on Abstinence.

Of these animals, some were submitted to complete abstinence; others were completely deprived of food, but had access to water at discretion. We first observed a fact long known in physiology, and which has been anew confirmed in M. Chaussat's excellent memoir on abstinence—to wit, that death from hunger is more rapid, the younger the animal. In fact, dogs 4 days old die after 48 hours of abstinence; dogs 6 years old sustain 30 days of complete abstinence; others, again younger, lived 7, 10, 11, 15, 20 days.

To attain our object, then, it was only necessary to compare the ages of this series of dogs with those of the series of dogs submitted to the gelatine regimen, and on so doing we found that the difference was very trifling. Taking animals of the same age, the period of death was the same, to within a few hours. To understand this result, it must be recollected that the animals supplied with the sausage-makers' jelly condemned themselves to voluntary abstinence, after having eaten the gelatine during eight or ten days, and that there was complete abstinence equally in both series of experiments during the last 10 or 15 days.

In this series of experiments, several of the animals, though deprived of food, were allowed water. It was, in fact, desirable to know if water prolonged life under the circumstances. Its influence, in this respect, was obvious: all the dogs supplied with water lived from six to even ten days beyond the term fatal to those deprived of it.

There is nothing surprising in this result. The bodies of animals are, in great part, composed of water, which is constantly being lost by various channels of exit, as the lungs, the skin, the kidneys, &c. The loss must be supplied by fresh water, otherwise the wheels of the machine must soon cease to play. In this respect then, as in several others, water is a real and one of the most indispensable of aliments.

From these facts, we might conclude that pure water is more nutritious than alimentary gelatine. Without rejecting this conclusion completely, we must allow that it is not rigorously deducible from the preceding experiments; for, on the one hand, the animals placed on the gelatine regimen soon ceased to eat it, and then came within the category of complete abstinence; and, on the other, the dogs placed on the use of water exclusively, drank of it to the last moment of life. New experiments were, therefore, necessary to determine whether gelatine was or was not nutritious.

(To be continued.)

IMPORTANT DECISION.

LIVERPOOL SUMMER ASSIZES.—FRIDAY, AUG. 27, 1841.—BEFORE MR. JUSTICE WIGHTMAN AND A SPECIAL JURY.—THE MASTER, WARDENS, AND SOCIETY OF APOTHECARIES, *versus* GREENOUGH.

THIS was an action brought to recover penalties alleged to have been incurred by the defendant by having practised as an apothecary at St. Helen's, in Lancashire, without having obtained the certificate of qualification required by the 55, Geo. III. c. 194. The action was tried at the Liverpool Summer Assizes of 1839, when a verdict was found for the defendant.

The Court of Queen's Bench having set this verdict aside, and directed a new trial, the cause now came on for trial accordingly.

Mr. Cresswell, Mr. J. L. Adolphus, and Mr. F. Robinson, appeared for the plaintiff.

The defendant did not appear.

Mr. Cresswell addressed the jury as follows:—

May it please your Lordship: Gentlemen of the jury, this action is instituted by the Apothecaries' Company in discharge of a very important public duty with which they are entrusted. There is not any of you who can entertain the least doubt of it being absolutely necessary that there should be some superintending power over those who practise the medical profession.

It is by no means a piece of policy that is confined to that profession. In various other instances where the rights of mankind, not their health, are concerned, the legislature has thought fit to establish certain regulations in order to take care that none but duly qualified persons shall be entrusted with the care and management of such rights. During an assize it is brought immediately to one's recollection that attorneys who practise in this court are bound to undergo a certain period of instruction, and are then admitted to practise under certain regulations established by statute.

And, gentlemen, it is still more important that the health of the people of this country should be guarded in this manner, and especially is it necessary for the benefit of the poorer classes, that they whose necessities may tempt them to go to an inferior class, in order to get medicine cheaper, should not be exposed to the dangers necessarily incident to taking medicine from unskilful and uneducated persons.

Long ago, a charter was granted to the Apothecaries' Company, but it was found that their means of doing good were very much limited, and a public Act of Parliament was passed in the year 1815, for the purpose of preventing uneducated and unauthorised persons from practising as apothecaries in this country; and it would be found, if you were to inquire throughout the country, that the examination, to which aspirants to that profession have been subjected by the Apothecaries' Company, has done a great deal to raise the standard of medical knowledge in this country. And, gentlemen, it is with the view of discharging this important duty, and very far from having a desire either to press hardly on this defendant, or to put money into the funds of the Society, that this action is instituted.

Gentlemen, the statute I speak of was passed in the year 1815, and at that time a clause was introduced compelling all persons who meant to practise as apothecaries to submit to a certain examination. The learned counsel then read the 14th section of the Act, which provides that it shall not be lawful for any person or persons (except persons already in practice as such) to practise as an apothecary in any part of England or Wales, unless he or they shall have been examined by the Court of Examiners, or the major part of them, and have received a certificate of his or their being duly qualified to practise as such.

Gentlemen, here is a reservation in favour of those who were in practice at the time the statute passed, in order that any vested rights should not be invaded by a statutary authority. This present defendant could hardly have been in practice at that time, because, as I shall show you, he would be a boy of eight or nine years old; so that no question can arise of that sort.

The 20th section imposes a penalty on all persons practising without a certificate. The learned counsel read the 20th section, and then proceeded—

Gentlemen, I shall prove to you that th

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defendant practised as an apothecary at St. Helen's for a considerable time, in spite of remonstrance.

It appears that his sister—or rather that he,—had set up a druggist's shop in his sister's name. His sister's name was over the door. He was the person who attended in it; who administered medicines, who sold medicines to persons who came, and who attended sick persons in the neighbourhood, prescribing and administering medicines.

Now, gentlemen, there are two means by which parties attempt to evade this Act of Parliament. First, they call themselves "surgeons," and they think that by calling themselves "surgeons" they are beyond the reach of all the liabilities attaching to them as apothecaries. If a man has to attend any surgical case, for instance a broken limb, and administers medicines merely as auxiliary to his operation as a surgeon, that is practising as a surgeon. But if a man, calling himself a surgeon, is invited to attend a case of a medical description, for instance for a cough, it is not because he calls himself a "surgeon" that he does not practise as an apothecary. Sometimes they try to get rid of the Act by saying they are chemists and druggists; but it is no part of the duty of a chemist and druggist to prescribe medicines; and the newspapers must have informed you of the calamitous accidents resulting from persons in chemists' shops venturing to administer medicines. I will read a short paragraph from a judgment given some years ago on the subject, by a learned judge. He says, "The business of a surgeon is, properly speaking, the treatment of external ailments and injuries of the limbs. With a view to the recovery of a patient in a case of that description he may perhaps prescribe and dispense medicine. But the Act has drawn the distinction between the various departments of the art with great precision. A chemist may prepare and vend, but not prescribe or administer medicine. Each is protected in his own branch, and neither must interfere with the province of the other. We think the plaintiff has interfered with the province of the apothecary, and that therefore this rule must be discharged."

That was a case where a surgeon sought to recover for his attendance and medicine in a case of typhus fever; and the Court held that, not being a qualified apothecary, he could not recover. I could prove many cases in which the defendant has acted as an apothecary, but I shall not go through more than one or two. The defendant is not here to defend the action, and it is only on account of the public importance of the matter that I am going through the statement. I shall show that this person, the defendant, was residing at St. Helen's; that various persons called him in to attend on them; that he did attend, saying sometimes they were sick of a fever, and sometimes of a cold. I think his favourite disease was "pleurisy fever," "intermittent fever." On one occasion he stated that he had three hundred bills to make up; and I think you will be quite certain that, if the Apothecaries' Company meant to act on the powers given them by this Act of Parliament, they should take notice of a case like the present.

Towards the close of this statute there is this section: "Provided always, and be it further enacted, that nothing in this Act shall extend, or be construed to extend, to prejudice, or in any way to affect, the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds, wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply, to all intents and purposes, as the same trade or business was used, exercised, or carried on, by chemists and druggists before the passing of this Act."

Now this cause was brought to trial in this place once before; and the learned judge who tried it, on reading this section, thought it was a question, whether before this Act passed, a chemist and druggist had been in the habit of prescribing medicines; because, he said, the Act allows him to do now what he could do before, and if before that Act he could prescribe, so he may prescribe since; leading to a very strange conclusion, and certainly repealing the Act if that were so, and making it perfectly nugatory. For why should a man perfectly uneducated—brought into a shop just as a little boy perhaps, to serve pills across the counter first—why should he be allowed to practise after as an apothecary, when a person regularly educated as an apothecary, if not examined, could not do so? Therefore it seemed to those who were engaged in the cause, that that learned judge had not put a correct construction on this section, but that the meaning of it was that a chemist and druggist could go on only "in buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds." The question was raised before the superior Court, where they decided that this does not give to any chemist the power of acting as an apothecary, and prescribing medicines. That decision being given, this cause was brought down to trial; and I trust that as there is a solemn judgment of a superior Court, that no chemist and druggist has a right to act as an apothecary in dispensing medicines otherwise than by the prescriptions of authorised persons, it will tend to remove any misconception that may have arisen since that trial took place. I shall prove the case very shortly, and the defendant, after hearing that judgment in his own case, will no longer attempt to practise, I should think.

I should state that, though we might go for many penalties, I shall only ask for one, that there may be a judgment in the case establishing that which the Company have all along sought to establish for the public benefit, and in discharge of their public duty.

Mary Owen examined—I am the wife of William Owen, of Peaseley Cross, near St. Helen's. I lived there in 1839. John Gerard lodged with me; he was the guard of a railway carriage; he was taken ill in January, 1839, and died in the February following. I know the defendant, he lived in St. Helen's at that time. John Gerard sent me to fetch the defendant, and he came; he bled John Gerard, and told me to put him into a warm bath: he ordered him some medicine; I went and fetched some of it myself from the defendant's shop. The defendant continued to attend John Gerard till his death. On the Sunday after Gerard was taken ill, I asked the defendant what was the matter with him; he said it was the intermittent fever; he said it was betwixt the pleurisy and the typhus.

Henry Marsh examined.—I am a shopkeeper at St. Helen's. My wife, Elizabeth Marsh was taken ill in the summer of 1839; the defendant was called in to attend her as a doctor; he prescribed medicines for her, and supplied them; he said her complaint was inflammatory fever. He told me he had upwards of 300 patients—that he had 300 bills out. The defendant is about thirty years of age.

Mr. Cresswell said he thought it unnecessary to offer further evidence.

Mr. Justice Wightman summed up as follows:—Gentlemen of the Jury: this action is brought by the Master, Wardens, and Society of Apothecaries, against Henry John Greenough, to recover a penalty from him for having practised as an apothecary without being duly qualified so to do.

In the year 1815, an Act of Parliament was passed for regulating the practice of apothecaries throughout England and Wales, and by that act it was declared that it should not be lawful for any person (except persons already in practice) to practise as an apothecary in any part of England and Wales, unless he should have been examined by the Court of Examiners of the Apothecaries' Company, and have received a certificate from them of his qualification to practise.

Therefore, unless the defendant has either a certificate from the Court of Examiners, or has been in practice before the 12th of July, or on the 12th of July, 1815, it is penal for him to practise as an apothecary.

According to the evidence of the last witness, Greenough appears to be hardly thirty years old at this time; and therefore in the year 1815, we can hardly suppose that he could by possibility have been in practice as an apothecary. And unless, therefore, he has the Certificate of the Court of Examiners testing his qualification to practise, it is illegal in him so to do.

But there is an exception in the Act of Parliament with respect to the practising of chemists and druggists; for it is said, "That nothing in this Act contained shall extend or be construed to extend, to prejudice, or in any way to affect the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds."

Now it is said that a number of persons have availed themselves of that exception to practise, professing to act as chemists and druggists, but who have in fact practised as apothecaries. The distinction, however, appears to be one recognised by the Act of Parliament itself, that an apothecary does not merely prepare, compound, dispense, and vend drugs and medicines, but applies and administers them; because in the fifth section of the Act, as applied to apothecaries, there are certain penalties for apothecaries refusing to do certain things, among which are mentioned, as part of the ordinary duties of apothecaries, not only compounding, mixing, preparing, and selling medicines, but applying and administering them. If a person not only sells and mixes medicines, but applies and administers them in the ordinary course of practice in attending on patients, no doubt he comes within the definition of an apothecary. That would be what the Act itself seems to distinguish from the ordinary selling of drugs (which a chemist or druggist may do) in the office and duty of an apothecary, which is not only selling drugs simply, but applying and administering drugs, which he himself vends and prepares.

Now, gentlemen, in this case you have the evidence of two witnesses, who speak to the defendants having attended two patients in the ordinary mode of an apothecary. The parties were ill. They were not surgical cases, both were cases of fever, and were described by him to be "betwixt pleurisy and typhus," and "an inflammatory fever."

Gentlemen, I hardly know what question

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there is for you. If you are satisfied that the defendant did act as an apothecary on any occasion, it will be your duty to find a verdict for the plaintiff. If you think he did not, but that he merely acted as a chemist and druggist (which, as it seems to me, we are not warranted by this evidence in believing, for he administers the remedies which he himself has prescribed and prepared), you will find for the defendant.

The jury returned a verdict for the plaintiffs for one penalty of £20.

THE MEDICAL TIMES.

SPECIFIC AND SPECIAL MEASURES OF MEDICAL REFORM.

No. 4.

"The whole existing fabric of Medical Polity is faulty rom beginning to end."—*The late Venerable Dr. Carrick, of Bristol*, 1837.

"I trust I shall yet live to witness, in every department of the Medical Profession, a RADICAL and EFFICIENT REFORM."—*Dr. Hardy*, 1807.

"Examine, or prove, all things, and hold fast by that which is right."—*Pyrrho and St. Paul.*

GENERAL REGISTRATION OF MEDICAL PRACTITIONERS.

(Concluded.)

WE have comprised the measure of General Registration in four leading articles, which will terminate with this, and form the *"finis opus coronat."*

We have advocated:—1. GENERAL registration; that is, the registration of the regular profession, first and foremost, according to Mr. Warburton's proposition; and as "our father's house has many mansions," we have advised also, strenuously, that the UNLICENSED and IRREGULAR, the WHOLLY IGNORANT and UTTERLY INCOMPETENT, shall have a place apart;—that those formidable interlopers and sciolists, the Druggists, shall have their assigned posts. With the powdered nobs in the dress boxes, us plain gentlemen in black, with collegiate honours;—the General Practisers in the pit;—the Stygian Council of irregulars, in the upper tier of boxes and saloon, in congenial and characteristic female society,—and the Druggists in the ONE SHILLING GALLERY,—all will be arranged in proper order, according to due gradation and rank. M. Moustier, Voltaire's nephew, in his classical and charming *"Lettres à Emilie sur la Mythologie,"* divides the Gods and Goddesses into the Empyreans and *"La Canaille de Célestes."* If, to use Mr. Wakley's illusion, we bring in Mr. Warburton, "sitting like Nero, and fishing in the pool of darkness," the abhorred Styx, we shall have a vivid emblematic picture of

> "Man,
> Distinguished link in Being's endless chain,
> Midway from *nothing* to the Deity,
> A WORM! a GOD! I tremble at myself,
> And in myself am lost.
> O, what a miracle is man to man."

What we have called for, and what we want, is, a cheap but scrutinising registration; we deprecate the system of making an office for a man, who is very frequently not the man for the office, and we shall tolerate neither JOBBING nor CORRUPT PATRONAGE in this matter of registration. We wish small local committees, as the penny postage is now so convenient, to assist the enumerators in the correct definition, analysis, and special description of the general and professional qualifications of every man; for nothing is so open to evasion as accurate and exact discovery in this respect. In a purposed article for Mr. Warburton's guidance, and the amusement of the profession, we shall erect very shortly a Pantheon in print, in which we shall arrange, according to class, order, genus and species, the various productions, in natural history and philosophy, which will compose the Sections No. 1 and No. 4, of Mr. Warburton, as a guide to classified discovery to all parties. "It were a good deed," says Lord Bacon, "to make a list of them;" and, as we say, in *few* words, with *pointed* remarks. It is a pity that Mr. Warburton should not be reminded of the nature and quality of his espousals in Quackery. We have shown the necessity of giving the fullest publicity to the General Registration and Annual Lists as the best indirect means of curing the nuisance of Quacks and Quackery; to facilitate discrimination and classification in the forthcoming scrutiny; knowing, as we do, that

> "Doves of different hues unite,
> And jetty black will pair with shining white!"

We shall follow Martial's rule, and separate the sooty carrion-crows now trooping along with doves so shining white, before Mr. Warburton's Ragged Regiment, and Dirty Six Thousand, march through Coventry with him, in Section 4.

Mr. Warburton has been charged with an intention of minling the speckless whites and unwashed blackamoors together. A higgledy-piggledy Registration would have been an insult to what remains of the former respectability and dignity of the Profession. But, by Section 4, he certainly shows no intention of confounding and jumbling together black spirits and grey. He segregates, and then hands over the BLACK SHEEP of the Medical Profession (for, in England, it can be comparable to nothing more analogous than Laban's speckled sheep) to that gentle and faithful shepherd, the Secretary for the Home Department, and to his pastoral charge and faithful care, to what end, as "the good shepherd," we wot not at present,—but time will divulge.

The Reformers have assailed Mr. Warburton with much heat, for making the appointment of Registrars, Sub-Registrars, &c., pieces of Government patronage, and proposing that "ONE-THIRD of the Medical Councils shall be chosen, who shall consist of laymen and unprofessionals, who neither are, nor have been, engaged in the profession of Medicine, by the Home Department." Mr. Wakley, or Mr. William Farr, in twining and wading through a very able analysis in *The Lancet*, October, 1840, of the saturnine intricacies of that labyrinthine Bill, so heavy and morpheous, says that the Bill will elevate twenty-six sinecurists, besides the Registrars, over the "Taxed Profession!" The question is, whether these lay endowments at the disposal of Government be not intended by Mr. Warburton as a sop to Cerberus, to get a free passage and safe conduct over the Lethe or Styx of the new Parliament into those nether regions of Reform. The selectest judges, if there are any like Lord Bacon, who was the first Medical Reformer, and a judicious medical Ethic, and certain reforming councillors, might certainly give superior legal aidance, to which we have referred in our past Sketches of Colleges and Corporations, in reference to Dr. Forbes's scheme of a Senate and Council. (*See Medical Times from March to June.*) But we must have no Stygian senate, or council of sinecurists! If it be so, we shall not sanction a job for patronising REGISTRARS, and certain dependant relations of certain parties, as either expedient or necessary, but make *free* inquiry, and invite the *free* thoughts of a *free* profession on the subject.

It ever has been, and ever will be, one of our proudest boasts, that the Medical Profession, generally, never has been, and never, we hope, will be, mixed-up with CLASS INTERESTS, nor CLASS LEGISLATION. As for that rotten and infamous system of corruption-job-and-Plunder-work of the Cappocian, the gold-bought slaves in this country, for the last seventy years,—the Medical Practisers, have been so clear as a body, from its notoriety, guilt, and infamy, that we never wish to see that democracy, or republic of science and letters, in any shape or form, limping on, arm-in-arm and cheek-by-jowl, with the filthy wrinkled hag, Political Corruption, with Place and Patronage at her branded back. We have whacked the old Delilah well for twenty years, and we do hope that we shall live to see her, and all who belong to her, brought to an ignominious grave. We are of the ancient politics of Agis and Cleomenes, in Sparta and Lacedæmon, and those of Tiberius and Caius Gracchus, in Rome, for those alone are applicable to the "deep damnation" and quick perdition of these dismal times, when "ruin" is "raining" from heaven to earth down upon us at home. But while Lord Brougham, and Mr. O'Connell, are pre-eminent on British earth, we fear not even the "ANARCH OLD." As to the present Government, most men forebode that its days *will be few in the land!!*

We know that Mr. Warburton's Bill is not popular with the Profession. Neither the Western or any other association, nor local party in the Profession, are disposed to have it as it is. They have reasons, besides, to suspect Mr. Warburton's strange leanings to the Irregulars, Quacks, and Impostors. But we see no cause to charge Mr. Warburton with seeking a heavy and misapplied Registration Tax,—we see no cause for his creating patronage and jobs capable of, and liable to, gross abuse, for any such post has been demonstrated to be quite unnecessary. We do not know what, or who, he means to mix up with the Council; but that must be looked into, for we must have no government placemen,—no more class legislators—no more cowardly submission to class interests,—unless we are such fools as not to be able to manage our own affairs, and disposed to give them up to those who, we suspect, would manage them

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for us with a vengeance, under the wings of court and ministeral favour. We acquit Mr. Warburton of all intention of huddling regulars, quacks, and druggists all together. He acted wisely and judiciously in registering them all, and putting them into separate sections; and, above all, in consigning the Druggists to an appendix, in *smaller* type, unconnected as they are with us by the rights of time, prescription, custom, or education. They are a mere increment of Quacks and foul birds of Thrasimene, who ought to be put back into their proper places, and to this we shall revert in a separate and Distinct SKETCH of their ORDER. The Irregulars and Quacks, the Unlicensed and Unqualified do also "sit apart," like the evil spirits in the lower regions of Milton's Paradise Lost, and, accordingly, they are all comprised in the separate Section, marked No. IV.

Various motives have been attributed to Mr. Warburton, by *The Lancet* and others, for his patronage scheme. The feeling seems to be, that Mr. Warburton is outwardly and inwardly hostile to entire self-government of the profession of medicine, because that profession appeared to him to have been so great a sink of iniquity for the last 300 years, and to have managed its affairs, during the past three centuries, so corruptly and basely, according to the whole evidence of the Medical Committee in 1834, that they were almost to be considered, in his and others' opinions, unworthy of legislative interference. What would he have said, then, of the omitted evidence of the country, in each county, where all is now jobbing influence, low chicanery, and villany of every complexion. It is too true that the entire history of the profession, from Hen. VIII, to the present day the results of the evidence, and the whole contemporary pictures of the profession for three and a quarter centuries, "exhibit a most hideous picture of the monopoly, misgovernment, avarice, and injustice" of colleges and corporations, and also the general demoralisation, degradation, and debasement of the profession, as a body, from that time to this.

But the majority of the reformers appear to be disposed to think that they can manage their own affairs best. They object to the appointment of senators, councillors, and registrars by the Secretary of State. They object to the Lords of the Treasury fixing the salaries of the registrars, officers, clerks, and servants, fixed on by the registrars, councils, and senate. They intend to oppose all self-elected, self-responsible, and secret councils of Colleges and Corporations, also all Lay-members, spies, and task-masters. They intend to demand Representative Senates, and Representative Councils to prevent jobbing, and the *furor* for it and other abuses. They intend to build a COLLEGE MEDICINE, and we must say we wish them success. It is always the best policy, like Mr. O'Connell's, to bid high without the veto and the wings, even if they are compelled at first to take 15s. in the pound.

KING'S COLLEGE HOSPITAL.

CLINICAL OBSERVATIONS ON CASES OF DISEASED HEART,

By R. B. TODD.

THERE having been four interesting cases of diseased heart at the same time under Dr. Todd's care in the hospital, he took a review of the symptoms of each case, for the purpose of contrasting the effects, very different both in kind and in degree, which result from different lesions of the heart.

Dr. Todd expressed his belief that the proximate causes of the heart's sounds were, for all practical purposes, sufficiently distinctively made out by recent experiments, many of which he had himself performed in conjunction with Drs. Williams and Clendinning.

The elements of the first, or systolic, sound, he considered to be threefold. 1. Tension of the auriculo-ventricular valves. 2. Muscular bruit. 3. Impulse against the thoracic parietes. These elements were enumerated in the order of their importance. The first had been much insisted upon, and with great justice, by Dr. Billing. Its importance might be best appreciated in cases of disease, where even a slight lesion of those valves, the mitral in particular, whether affecting their elasticity, or impairing their sufficiency, would modify the systolic sound, in a manner readily recognisable by a practised ear.

The second sound, inaccurately called diastolic, was occasioned by the sudden tension of the semilunar valves, consequent upon the falling back of the column of blood in the arteries upon them. It was evident that this sound could not be perfect, unless these valves possessed their natural pliability and elasticity.

Dr. Todd believed that the strength and clearness of this sound were also dependent, in a great degree, upon the state of the vital tone of the arterial parietes. In an atonic state of the arterial tunic the column of blood would be thrown back upon the valves with feebleness, and thus these membranes would be stretched but slightly. In this way might be explained the feebleness or even absence of the second sound, which had been noticed in typhus and other depressing diseases.

When, on the other hand, the arterial tunic was in a highly tonic state, it reacted powerfully on the column of blood, which was quickly and forcibly regurgitated, and being intercepted by the semilunar valves, caused correspondently rapid and forcible tension of them, and a proportionately clear and distinct sound. Thus it might be stated, that two conditions were necessary to produce a clear and perfect second sound. First, perfectly healthy and pliable semilunar valves, with, of course, a normal state of the arterial ostia; and, secondly, a tonic state of the arterial tunic.

It was likewise to be borne in mind, that during the production of the first sound the ventricles were in systole, and that indeed the systolic act and its consequences or accompaniments, namely, valvular tension and impulse, were the causes of the first sound; and that simultaneously with the production of the second sound, the ventricles were in diastole, but the passage from the systolic to the diastolic condition was in no way the cause of that sound.

These were points which required to be always kept in view in forming a diagnosis of heart-disease. When a bellows-sound was heard, it was important to determine where it was produced; it might occur in one of three places—first, in either auriculo-ventricular orifice; second, in either arterial orifice; third, in either artery itself, beyond the valves.

When a bellows-sound occurred in the auriculo-ventricular orifice, it was generally, if not always, the result of regurgitation from the ventricle into the auricle during systole; it then accompanied the first sound, and was best heard at the apex of the heart; and sometimes it was very distinctly heard behind, to the left of the vertebral column, at the angle of the scapula, as occurred in two of the cases he was about to detail. When there was disease in the aortic orifice, so as to obstruct the passage of the blood from the ventricle, a bellows-sound would also accompany the heart's systole; but in this case the sound would be best heard over or near to the cartilages of the third rib, and in the course of the artery. The same occurred when the disease was situated not in the aortic valves, but in the aorta itself beyond the valves.

When the disease of the aortic valves was such as to render them insufficient to prevent regurgitation into the ventricle, a bellows-sound would replace the second sound; and if, as was sometimes the case, an obstructive disease of the valves were co-existent with this insufficient condition, the bellows-sound would also accompany the heart's systole; and in such a case there would be a double bellows-sound, to and fro, diastolic and systolic.

It was also necessary to an exact diagnosis, to determine what space the heart occupied in the chest—for this purpose percussion afforded valuable information; and we should also carefully examine the point at which the heart's apex might be felt pulsating.

The careful physician would not content himself simply with an examination of the physical signs; all-important as these were to diagnosis, he knew full well that much more assistance might be derived from symptoms, in enabling him to form an accurate prognosis, and to adopt a judicious line of treatment.

The pulse, the state of the respiration, the condition of the capillary and venous systems, the existence of pain, of dropsy, the condition of the abdominal viscera, especially the liver, demanded the most careful investigation.

CASE 1.—The first case to which he directed the attention of the students was that of Ellen Grace, aged 29, who was admitted on the 4th of February into St. Clement's ward. She was a married woman, and six months advanced in pregnancy at the time of her admission. She had rheumatic fever three years ago. Her present illness began, as she stated, with swelling of the abdomen and legs four months before. Two months ago she began to be troubled with cough, accompanied by slight expectoration, palpitation of the heart, and dyspnœa. She was first attacked with dyspnœa suddenly, while in bed, at night, and received temporary relief from venesection; since then the dyspnœa had occurred several times. Her present symptoms are orthopnœa, on account of which she is constantly propped up in bed; countenance anxious, leaden, and slightly œdematous; considerable anasarca of the lower extremities; some ascites, which contributes with her pregnancy to the swollen state of the abdomen; troublesome cough, with slight mucous expectoration, which greatly disturbs her at night. The pulse is feeble, small, and as if a small stream of blood were propelled into the artery, it ranges from 90 to 100; appetite bad; thirst; tongue moist; liver slightly enlarged; the heart's impulse is strong, and the apex is felt between the fifth and sixth ribs.

The first sound is obscured by a loud bellows murmur, most distinct a little above the apex, and likewise very distinctly heard at a corresponding point in the back. This sound gradually diminishes in proceeding upwards from the apex of the heart to the clavicle, and is not at all heard over the aorta or its branches. The second sound is natural and distinct. Percussion over the region of the heart yields a dull sound over a larger surface than is natural: lungs congested.

CASE 2.—Dr. Todd begged the students to compare the above case with the following:—Mary Fitzgerald, aged 17, was admitted on the 16th of January. This girl's first symptoms were cough without expectoration, which came on two months before admission: then came dyspnœa and palpitation, both being much increased by exertion of any kind. She lost her appetite, emaciated, and became feeble. The dyspnœa and palpitation increased up to the time of her admission, and she then complained of a troublesome dry cough; her breathing was laboured and quick, but she could lie down; respirations 36 in number; very slight œdema of the feet and ankles; appetite bad; some thirst; countenance very pallid. She had a very exsanguineous appearance, and had been very much exposed to cold, wet, and other privations; her pulse was small and feeble, and ranged from 100 to 110.

The respiratory sounds were natural, except in the inferior lobe of the left lung, where a large crepitation indicated an œdematous condition of the pulmonary tissue.

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The heart was tumultuous in its action; the first sound was accompanied and obscured by a bellows-murmur, which was most distinct at the apex, and was also heard, but less distinctly, in the left back. The second sound was normal, nor could any abnormal sound be heard over the arteries.

These two cases, Dr. Todd observed, had many points of similarity, and yet they exhibited some important differences. Whilst the diagnosis in both of them would be very much the same, the prognosis and treatment would differ materially.

In both cases the physical signs clearly pointed to the mitral orifice as the seat of disease. The second sound was natural, and nothing abnormal was heard in the course of the arteries; therefore it was inferred that the arterial valves were good, and performed their office effectively; but the systolic sound was in both cases obscured by a bellows-murmur, which was best heard at the apex of the heart, or a little above it, which diminished and disappeared towards the clavicle and over the arteries, and which was also heard distinctly at the left back. Now, a systolic bellows-sound could only occur at two places —the first being at the orifice, or in the course of the artery; the second in the auriculo-ventricular opening.

In these cases it was not in the first-named situation, because it was not heard over, or in the course of the artery; nor did the state of the pulse correspond with that condition of arterial valve, or artery, which would give origin to such a bellows-sound. The cause of the sound must have been, then, at the mitral orifice, because the places at which it was best heard corresponded very nearly to that part of the heart.

It could not be at the tricuspid orifice, for, first, it was highly improbable that a bellows-sound produced at that orifice should be heard at the left back; on the contrary, the situation in which it would be best heard, would be over the sternum. Secondly, such disease of the tricuspid orifice as would cause bellows-sound, was of very rare occurrence; although regurgitative disease of that orifice was common; and, thirdly, an insufficiency of these valves would give rise to pulsation, or at least to turgescence, of the jugular veins, which symptom did not exist in either of the cases.

Our diagnosis, therefore, in both cases, must be disease of the mitral valves, causing a permanently patulous state of the orifice, and destroying the valvular office; so that at each systole a portion of blood regurgitated into the left auricle. It was probable that in Fitzgerald's case the orifice was less contracted and the valves less diseased than in Grace's, because the bellows-murmur was less distinct, and of a softer kind, and the symptoms were less urgent.

And now with respect to the prognosis and treatment: Grace had long suffered from dropsy, which denoted a considerable obstacle to, and languor of, the circulation; her dyspnœa was intense, her cough violent. The dropsy yielded but slightly to purgatives and diuretics, and the violent action of the heart was scarcely at all affected by digitalis. Sleep was constantly disturbed, and her mind wandered. A very short time more must put a period to her sufferings. Fitzgerald had, however, the advantage of being much younger; her dyspnœa was less urgent, and her cough was considerably controlled by sedatives. She had a very irritable heart, which, however, could be subdued by rest and sedative medicine. She had little or no dropsy. This girl might be kept alive for a very considerable time, and with attention and proper nourishment might lead a comparatively comfortable life.

In the first case the object of treatment was obviously to procure rest, alleviate the urgent dyspnœa and cough, and to remove or reduce the dropsy. Opium was found, for some time, fully to answer the first object, but they were compelled to give it up, as it affected the head. With regard to the other indications, they were less successful, although most of the sedative and diuretic drugs were put in requisition.

Fitzgerald benefitted by a generous diet and porter: sedatives and steel, opium, hydrocyanic acid, and digitalis severally afforded her some relief.

Case 3.—This case had excited great interest during the lifetime of the patient. William Taylor, -six, a clerk, was admitted into Sutherland ward, on the 21st of January. He came to London from Scotland in December, and had suffered some privations from being out of employment. He made assurances that he had been always temperate, but he had not quite the appearance of having been so. He was a large man, of sallow complexion, and rather fat. He had enjoyed good health till a few days before Christmas, when a cough came on, without any assignable cause. Soon after this he had dyspnœa, which was much increased by any exertion; but at this time he had no palpitation, or any other uneasy feeling referable to the heart. A fortnight before his admission he first perceived his ankles begin to swell, and the swelling soon extended over the whole lower extremities, and in a few days to the abdomen.

On admission, his symptoms were dyspnœa, amounting almost to orthopnœa, mucous expectoration, anasarca of the lower extremities; ascites; the respirations were thirty in a minute; pulse 104. It was of a bounding character, and communicated to the finger the sensation as if, after the wave had passed, the walls of the artery collapsed, and it fell empty; it was, in short, what Dr. Hope had called "the pulse of unfilled arteries." This kind of pulse was very peculiar, and Dr. Todd recommended the students to make themselves well acquainted with it. It was very characteristic of that condition of the valves of the aorta which rendered them insufficient to check the returning column of blood, forced back by the elasticity and tonicity of the arterial walls, and to prevent its regurgitation into the ventricle.

On examining the chest, it was found to be resonant everywhere but in the region of the heart, where dulness was not preternaturally extensive. Much large crepitation was heard all over the chest, but especially posteriorly; the impulse of the heart against the ribs could not be felt. On listening between the cartilages of the fifth and seventh ribs, the first sound of the heart was quite inaudible, but a faint *diastolic sawing* sound was heard, which became much more distinct above, along the course of the arch of the aorta, and was most distinct at the upper part of the sternum. It was distinctly audible in the carotid and subclavian arteries. When the stethoscope was placed over the ensiform cartilage, the first sound became audible; it was faint and distant, and unaccompanied by any abnormal murmur. This was the only point at which the first sound could be distinguished.

He must not forget to mention another remarkable sign which was very conspicuous in this patient; namely, a locomotion and visible pulsation in all the superficial arteries. This sign was very valuable as an indication of imperfection in the aortic valves.

It was not difficult in this case to determine that the principal cause of the poor man's sufferings was a lesion of the aortic valves, which impaired their action as valves, and allowed a certain portion of the blood expelled from the ventricle by its systole to regurgitate in to itduring its diastole. The returning stream creating a vibration in the orifice, either by acting on the margin of the diseased valves, or of the healthy ones (if one only were diseased) which gave rise to the sawing sound audible during diastole, and which took the place of the normal second sound.

The grounds upon which this diagnosis was formed were as follows:—First, the pulse; its jerking nature followed immediately by the collapse of the arterial wall, and the locomotion of the arteries already referred to; second, the sawing murmur taking the place of the second sound, and, therefore, indicating such a condition of the semilunar valves as was capable of affording an obstacle to the regurgitating current, sufficient to produce sound; third, the extreme feebleness of the first, or systolic sound, indicated a condition which naturally and necessarily ensued upon regurgitative disease of the aortic orifice; namely, dilatation of the ventricle. This patient lived only a fortnight after his admission. The immediate cause of death was pulmonary congestion. The current regurgitated into the left ventricle, kept that cavity always in a gorged state; this again reacted upon the left or pulmonary auricle, and that upon the pulmonary veins and the whole pulmonary circulation. As a necessary consequence, the capillary system of the lungs became immensely congested, and had it not been for one or two small bleedings by venesection, and cupping him several times over the chest, the outburst of pulmonary hæmorrhage which carried him off must have taken place much earlier.

For some days previous to the 2d of February his expectoration was discoloured, and resembled not a little that of pneumonia. A small cupping on the chest never failed to relieve his breathing, and diminish the colour of the expectoration for a time. On the evening of the 1st of February, he was seized with a very copious hæmoptysis, which continued throughout the night till the next day. Although he was weak and low, the taking away of some blood by cupping was ventured on; this seemed to check the hæmorrhage, and relieve the dyspnœa for a time; the dyspnœa, however, returned some hours afterwards, and he died almost asphyxiated. Previously to death, the anasarca had considerably extended, and now affected not only the lower half of the body, but also the hands and arms, especially of the right side, and likewise, to a slight degree, his face.

The autopsy verified the diagnosis which had been made. The heart was enlarged; the aorta was somewhat dilated, and its coats thickened and indurated with atheromatous deposits. The semilunar valves were also thickened, and upon pouring water into the aorta above the valves, it was found to run past them into the ventricle; one of the valves had been torn for about one-third of an inch of its extent from its attachment to the aorta, and thus formed a triangular flap, hanging loosely into the mouth of the artery, and which must have flapped to and fro according as the currrent of blood passed to or from the ventricle, thus giving rise to the regurgitation which destroyed the balance of the circulation. All the cavities of the heart, both right and left, were hypertrophied and dilated; the right cavities were filled with venous blood. The lungs were greatly congested; some apoplectic spots had formed on the upper lobes; the lungs were not very crepitant, and collapsed imperfectly; there was much mucus in the bronchi.

The abdomen contained a good deal of fluid. The liver was large and much congested.

Case 4.—He would briefly add one case more to contrast with that just related. Ann Eaton, aged 30, a servant, was admitted into St. Clement's ward on the 14th of January. This woman stated that she had had several attacks of what she calls inflammation in her chest, attended with palpitation of the heart. Her present symptoms set in a fortnight before her admission; they are dyspnœa, brought on by any exertion, palpitation, short cough without expectoration. She has a narrow, rounded, and prominent chest; the region of the heart is preternaturally dull; the heart's impulse is strong, and there is a loud systolic bellows-sound indistinct at the apex of the heart, but very distinct at the base and along the course of the arteries; the second sound is natural; the pulse is thrilling but strong. Rest and digitalis relieved this woman's symptoms, but did not remove the bellows-sound, nor the disposition to dyspnœa and palpitation which exertion always induced. He was led to examine this woman carefully for aneurism, from her having stated that she occasionally lost her voice, and also in consequence of the short cough and shooting pains in her chest, of which she frequently complained. There were no satisfactory signs, however, to indicate the existence of an aneurism. The symptoms seemed sufficiently to denote obstructive disease of the aorta. The second sound was natural, therefore the semilunar valves performed their office. The bellows-sound was heard along the course of the aorta and the vessels arising from it; it diminished in intensity from the situation of the aortic orifice to the apex of the heart. The seat of the sound was, therefore, at the aortic orifice or immediately beyond it, and it probably arose from some slight obstructive alteration of the valves, thickening, for instance, not sufficient to impair their action, although enough to cause sound.

This was one of the most common forms of cardiac disease which came under observation; it had its origin frequently in an attack of acute rheumatism. So long as the obstruction was not sufficient to react materially upon the heart, and derange the balance of the circulation through it, the patient experienced very little inconvenience; and the lecturer knew

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persons who had distinct systolic bellows-sounds connected with obstructive aortic disease, whose appearance was indicative of perfect health, and who did enjoy excellent health. He prognosticated favourably of such cases as that of Eaton which he had just described. Quiet, the avoidance of mental and bodily excitement, and sedative remedies, were very effectual in these cases in mitigating the symptoms and prolonging life. But when the aortic disease was such as in Taylor's case, of the regurgitative kind, the interference of art would, ere long, be rendered nugatory, by the total derangement of the mechanical protection which the heart experienced from its valves.

REPORT OF THE DEPUTATION FROM THE BRITISH MEDICAL ASSOCIATION

TO THE ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AT YORK, AUGUST, 1841.

Exeter Hall, August 17, 1841.

THE deputation consisted of Dr. Webster, Dr. M. Hall, and Mr. Bottomley (Croydon), who were very courteously received by the President and Members of the Provincial Association, and cordially welcomed by the other deputies—Professors Maunsell and Williams from the Medical Association of Ireland, and Dr. Brown from the North of England Association.

Though little opportunity occurred for consultation previous to the general meeting, yet the greatest unanimity of opinion existed among the delegates of these associations. The object of each, acting on the instructions received from their councils, was to promote medical reform particularly, and the welfare and respectability of the profession generally, by endeavouring to form a plan of active co-operation with the Provincial Association, and with each other.

Your deputation had, at their request, been favoured by the secretary of the Provincial Association, with copies of the report of the council, from which it appeared that erroneous statements had been conveyed respecting the proceedings of the London Medical Conference to the "Worcester Council," by "some of the delegates" appointed by that body; and that certain resolutions, founded on their misrepresentations, had been passed by the council, which appeared to place the acts of the conference in an improper light. Previous, therefore, to attending the general meeting, we pointed out to the secretary that as the conference had been called together at the suggestion of the British Medical Association, it was particularly incumbent on us not to allow any misrepresentation of its proceedings to pass unnoticed, and that if certain passages which were read were allowed to stand as part of the report, that the deputation must oppose the report, and move that some parts be expunged, or at least that such an explanation must be given as would set the matters referred to in their true light.

The parts of the report alluded to stated—

1. That the accounts the council received from the commencement, from some of the delegates, *were not satisfactory*.

2. That they represented that the delegates of the Provincial Association *were a minority*.

3. That a bill was passing, clause by clause, which *involved the destruction* of existing institutions.

4. That by the 22nd of February (the conference having commenced its sittings on the 3rd), Drs. Macartney, Forbes, Cowan, and Green *wished* to resign their offices, leaving only two delegates at the conference.

5. That, therefore, the council did not consider the Provincial Association pledged to support the Bill which might have passed the conference, and that the resignation of the delegates be accepted, and that no others be appointed.

It appeared to your deputation that very erroneous inferences were likely to be drawn from the foregoing statements, because—

First. As to the delegates of the Provincial being a minority, it may be asked if they were expected to be a *majority*, or *more numerous* than *all* the delegates of the nine other associations who sent deputations from England, Ireland, and Scotland; but it is a fact, that of the twenty-five delegates who were appointed from the whole associations, fifteen were members of the Provincial, and of these thirteen were on its council.

Secondly, No Bill, or clauses of a Bill, were passed at the conference, nor attempted to be passed: the heads, drawn up by Dr. Webster, and printed *at the request* of the Southampton Committee of the Provincial Association, were by general consent read, and occasionally made use of, in considering the leading principles of medical reform, in the absence of any other document.

Thirdly. The opinions arrived at by the conference, *do not involve the destruction* of existing institutions, and were agreed to almost unanimously by the delegates.

Fourthly. There seems to have been some mistake about the resignation of the provincial delegates. Dr. Forbes, it was understood, withdrew in consequence of receiving a public appointment. Dr. Cowan *had not resigned* when the provincial resolutions were read at the conference, for he afterwards attended the deputations and the College of Physicians. Drs. Macartney and Green resigned *simultaneously*, after a resolution of the latter, according to instructions from the Worcester council, *in favour of the corporations, had been negatived*. It was, however, evident that Drs. Macartney, Cowan, and Green, could not with propriety have remained longer at the conference, as they considered themselves to be the representatives of the Worcester council *only*, and were directly opposed to most of the liberal opinions of their colleagues, Dr. Forbes and Messrs. Wickham and Ceeley, who stated that *they* represented the Provincial Association, not the Worcester council.

Fifth. The opinions and resolutions of the conference, as laid before the three corporations, were agreed to, previous to the resignations of *any* of the provincial delegates, though the contrary might be inferred from the resolutions of the Worcester council.

The foregoing remarks are rendered necessary, because on attending the general meeting at York, your deputation found, when the report of the council was read, that some of these statements had been expunged, and others so far altered, that they did not consider it necessary to disturb the unanimity of the meeting by formally opposing the report; but the report had been sent to three hundred and twenty-seven councillors with the above statements, and no notice has been taken in the official account of the meeting, and of the explanation given in a speech of one of your delegates.

The report of the reform committee of the association was read by Dr. Barlow. It inculcated, as on several former occasions, the propriety of separating the qualification of the medical practitioner from the union, government and regulation of the profession. "If competency and uniformity of qualification, then, be the main requisite for insuring to the public well-instructed practitioners, it is obvious that some legislative enactment is needed for accomplishing this end; the *existing institutions, as at present constituted, being wholly incapable of effecting it; while, owing to their number and diversity, they admit not of being in any way modified so as to attain it.*" "Your committee are not unaware that the same statute which ordains the establishment of a NATIONAL EXAMINING AND LICENSING BOARD, might also unite in ONE CORPORATE BODY the collective profession so constituted, and empower it to conduct its own internal government by a REPRESENTATIVE COUNCIL OR SENATE; but being of opinion that pressing for the latter would endanger or retard the more essential purpose, it is their earnest recommendation that this be *exclusively* pursued until it be accomplished."

The report considered that further petitions to Parliament would be unsuitable and fruitless, as they could only legislate on Bills submitted to them; that the difficulty was to get such a Bill prepared as would pass; that ardent reformers, if intrusted with framing such a Bill, would seek too much; existing corporations, on the contrary, would concede too little. It therefore concluded by recommending that some party, untrammelled by either extreme, should frame a Bill, and that a memorial be presented to the Secretary of State for the Home Department, praying the ministers of the Crown to undertake this duty.

The deputations from the associations doubted the propriety of this course, particularly at the present ministerial crisis, at least they thought the subject ought not to be left to *any ministry* without specific recommendations from the profession; and they considered that a joint committee should be appointed by the provincial and all the reform associations with sufficient funds at its disposal, and with powers to communicate with the Government, or to take such steps as might be necessary in the ensuing session of Parliament.

Dr. M. Hall said, he doubted the policy of entrusting medical reform to the ministers of the Crown who might seek for their information from the existing corporations. The precise end and aim of medical reform could be expressed in one word, and that word was INCORPORATION—an incorporation of the profession into ONE FACULTY OF MEDICINE, comprising *all its members*, and extending over the *whole* of the British dominions, securing to each and all an honourable title (it might be "member of the faculty"), with equal rights, privileges, and immunities, and equal protection. He thought that that could be done without interfering with existing institutions, except in a salutary manner, by forcing them to raise their qualifications and enhancing their honour. To incorporation, he would add the correction of all abuses in the colleges, so that all qualified physicians and surgeons might be admitted to their respective fellowships *without invidious distinctions*. He would deprive the Company of Apothecaries of the power which they ought never to have possessed of examining medical practitioners, though he wished to bear testimony to the benefits they had conferred on the profession, but in future he would confine them to their own department—the regulation of chemists and druggists and the sale of medicines.

Dr. Webster did not oppose the adoption of the memorial to the Government, though he expected no good to result from it: it was so much time wasted to apply to the present ministry; and from a correspondence he had had with Sir Robert Peel, he very much doubted whether he could or would entertain the question during the coming session; if so, he feared that no measure would be obtained which could be satisfactory even to his friend Dr. Barlow and his colleagues of that association. After an interview which the conference had with the three corporations, he ridiculed the idea of *waiting* for *their reforms*, or expecting anything from their advent. He alluded at some length to the official reply of Sir H. Halford from the College of Physicians, and to the opinions expressed by Mr. Guthrie and Mr. White, that the College of Surgeons was perfectly immaculate in its constitution and actions; that it was a pure college of surgery, and that it had nothing to do with medicine, midwifery, or pharmacy. He then noticed the changes contemplated by the corporations who had evidently united their strength to preserve and extend their exclusive privileges, and thought that after the late resolutions of the Worcester council in favour of these bodies (which, however, had not been responded to), some declaration of the reform principles of the association ought to be made. He would submit to the meeting a few simple and plain propositions which might be added to the memorial to Government as the basis of the measure which they sought for, or, if the meeting preferred it, they might be adopted as their reform creed. Dr. Webster then dwelt on the great importance of at once obtaining a plan of representative government for the profession; he had always had the misfortune to differ from his friend, Dr. Barlow, *as to the order* in which the two great divisions of medical reform should be sought for. Dr. B. thought if *uniform qualifications* were obtained, good government and every other blessing must necessarily follow; while he (Dr. Webster) contended that uniform qualifications, efficient examinations, and a high state of respectability, would inevitably result from *incorporation*, and a council representing and carrying out the wishes of the great body. As his colleague, Dr. Hall, had dwelt with so much effect on this point, and had so well expressed his own sentiments on the subject, he would at once read his propositions, leaving them to the meeting to be disposed of as they should think fit.

"That this association will promote any measure of reform founded on the principles of—

"1. QUALIFICATION—that is, competent acquirements, both preliminary and professional (to be tested by efficient examinations), of all who shall enter the profession.

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"2. Registration of all legally-qualified medical practitioners.

"3. Incorporation of the whole profession (legally-qualified) into one general faculty of physic, with equality of rights and privileges.

"4. Representation and government, by a council in each kingdom, to be elected by the votes of the commonalty or members.

"5. Regulation of the practice of pharmacy."

Dr. Maunsell in an able speech seconded these propositions, and supported them *seriatim* at some length, pointing out the urgent necessity of a better government and better qualification of the profession. He and his colleague attended the present meeting on the part of the Medical Association of Ireland, to consult with them in the most friendly spirit, and particularly to endeavour to arrange some plan of effective co-operation in the common cause of the profession, which, it was now universally acknowledged, laboured under heavy grievances in both countries. Though he supported the propositions of Dr. Webster, he also concurred in the report of the Reform Committee, and in the memorial founded upon it; but he wished particularly to impress upon the present meeting the necessity of proceeding from deliberation to *action*. What he wished to propose was the formation of a *responsible* committee, which should co-operate with other bodies in the profession, both corporations and voluntary associations, and a portion of which might be in London when matters were going forward there of importance to the profession. In making this proposal, he did not mean to undervalue the services of the council, but he desired a committee having the protection of the profession for their especial duty, and responsible for the performance of that duty; such a committee could communicate with the Government, and prevent them from seeking all their information from the corporations. It should also be directed to frame a Bill for the regulation of the profession in union with other bodies, and by laying such Bill before the Government, enable them to act in conformity with the prayer of the memorial. This was an essential step, and was also the only possible mode of ascertaining the sentiments of the profession; such a Bill, in fact, if properly drawn, would be a series of propositions upon which the views of men might be tried. There were many other matters which required the services of such a committee;—for example, the approaching discussions upon the Poor-law Amendment Bill; and if it were entrusted with funds, he was sure that by acting firmly, and with decision, it would be effectual in obtaining speedy justice for the profession.

Professor Williams supported Dr. Webster's propositions, and the views of his colleague, Dr. Maunsell, at considerable length.

Dr. Hastings said, that after listening attentively to the debate, he thought it would be the wiser step for them to adopt the recommendation of the committee, and memorialise the ministers of the Crown. He considered that they should confine themselves to the simple objects recommended in the report—that of *qualification*, and not to risk the loss of all their objects by striving for too much in seeking for *incorporation*, &c.; he for one was not sanguine of any speedy settlement of the question of medical reform.

Dr. Barlow assured the meeting that Dr. Webster's propositions had at some time or other been fully recognised in the reports of the reform committee and in the resolutions of the association: he still thought qualifications should be sought for separately from incorporation of the profession, and he hoped Dr. Webster would withdraw his propositions for the sake of unanimity.

Mr. Hare, of Leeds, though of a different opinion when he entered the room, was convinced from the debate of the importance of an incorporation of the profession; he proposed that the discussion should be adjourned till the following day, to admit of a conference being held between the deputation and the reform committee, to organise a plan of co-operation. This appeared to meet the views of the meeting and the deputations; but it was opposed by Dr. Hastings on the plea of the impossibility of the debate, as so much business remained to be transacted.

Dr. Webster, after some further discussion, withdrew his motion, on the understanding that the propositions were recognised by the association, and the memorial was adopted without reference to the formation of a committee.

Your deputation have thought it best to give an outline of the debate that you may draw your own inferences from facts.

The next day the deputation met to consider what further steps, if any, they should take. Two points were now evident,

First, That the Provincial Association (or rather its officers) would not take up the question of medical reform at present on the basis of incorporation of the profession and a representative government.

Second, That they were not desirous of an active co-operation with other associations, nor of appropriating a portion of their funds for promoting the various questions connected with medical reform.

The deputation then had an interview with Dr. Hastings and Dr. Barlow, and urged upon them strongly the importance of a more active co-operation than had yet taken place; and that unless this were done, they could scarcely suppose that the Provincial Association were in earnest in the cause. It was said by these gentlemen that a ready intercourse and communication *had* always existed between their reform committee and the other associations, which was still open; that they thought this would be quite sufficient for future purposes; and that Dr. Barlow, as chairman of the committee, would be most happy to continue this intercourse. To this it was replied, that *communication* was not *co-operation:* that on former occasions Dr. Barlow had *felt and expressed* that *he had no power to act*,—that now something more should be attempted, and that the application to the Government which had been resolved on must be *followed* up, whether the ministers of the Crown undertook the question or not; and that caution and hesitation should have its bounds, else it would issue in a neglect of duty.

They stated that they wished to get a joint committee *appointed* or *recognised by the general meeting* of the association (in any way most agreeable to its officers), with sufficient powers *to act* with other bodies; that instead of the deputations proposing this to the general meeting, they thought it would be better that such a joint committee should be recommended by the council, as the deputations felt assured it would be carried if proposed in this way. Dr. Hastings thought this might be done; but Dr. Barlow doubted whether such a proposition would be well received by the general meeting, and after much discussion nothing definite was agreed to.

On this the deputations retired, to consider if anything further should be attempted, as they felt their functions ought to cease if the objects of their mission were not supported. It was then agreed to address a letter to the president, so as to obtain an official reply: this was accordingly drawn up, and signed by the deputies of the three associations. It stated the objects for which they had attended at York; the result of the interviews with Dr. Hastings and Dr. Barlow, and asked "whether the Provincial Association would appoint a responsible committee, and invest them with powers necessary for effective co-operation, both in deliberation and action, with the bodies which the deputies respectively represented." It added, "that the co-operation referred to does not relate to medical reform *exclusively*, much less to any particular plan of reform, but to the protection of the profession in relation to the poor-law and various other grievances, and to the support of its general interests and respectability."

Before presenting this letter, Dr. Brown, of Sunderland, suggested that another attempt should be made to convince Dr. Barlow and Dr. Hastings of the importance of acceding to the wishes of the deputies; but after considerable discussion the result was as fruitless as before. Eventually the letter was not presented for fear of disturbing the unanimity of the general meeting, which was then drawing to a close, but the deputies held a conference, and passed the following resolutions:—

"York, August 5, 1841.

"At a conference of the delegates from the British, the North of England, and the Irish Medical Associations, to the anniversary meeting of the Provincial Medical and Surgical Association, it was agreed,

"First, That the delegates should report to their constituents respectively, that having attended and taken part in the proceedings of the general meeting of that body on the previous day, and having given their best consideration to the subject, they deemed it unadvisable to make any specific proposition at the meeting for the purpose of procuring its co-operation through the medium of some official channel appointed for that purpose. Further, the delegates were informed by the secretary, that it would not, in his opinion, be desirable that such a proposition should be made at the present meeting. The secretary and the chairman of the reform committee of the association also stated that a free intercourse had hitherto existed between the reform committee of the Provincial Association and the associations represented by this conference of delegates, which, in their opinion, would be sufficient at the present time.

"Second, As it appeared essential to the best interests of the medical profession to *organise* a *plan of co-operation* between the different associations founded for medical reform, it was unanimously agreed that the fullest and freest intercourse between their councils be recommended for the purpose of promoting measures for the good government and regulation of the medical body.

(Signed)

"J. Brown, Sunderland.
"H. Maunsell, } Dublin.
"Robt. C. Williams, }
"George Webster, Dulwich, for self and
"Marshall Hall, London.
"George Bottomley, Croydon."

Your deputation having discharged what they considered to be their duty, and having closely adhered to facts in this report, deem it unnecessary to add one word of comment.

(Signed)

George Webster.
Marshall Hall.
George Bottomley.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of deaths from all causes, registered in the week ending Saturday, the 28th Aug., 1841:—

Epidemic, Endemic, and contagious diseases	124
Diseases of the brain, nerves, and senses	132
Diseases of the lungs, and other organs of respiration	193
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	74
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	100
Old age, or natural decay	53
Deaths by violence, privation, or intemperance	25
Causes not specified	3
Deaths from all causes	745

CURE OF IRREGULARLY-UNITED FRACTURE BY EXCISION OF THE CALLUS.

Case I.—F. Mistretta, 32 years of age, was admitted into the hospital of Palermo, on the 20th of April, 1837, with compound fracture of both bones of the leg. After the use of antiphlogistic remedies, the limb was placed in Scultetus' apparatus, but numerous abscesses formed, and the frequent dressing rendered it impossible to keep the limb at rest. The consequence was, that the bones united at an angle; an attempt was made, but fruitlessly, to break the callus. M. Portal, therefore, resolved on excising the angular portion of bone, and on the 23rd of May removed about an inch with the chain-saw. The wound united by the first intention, and the limb was kept at rest for forty days. The patient was quite well on the forty-eighth day, and left the hospital with slight shortening of the foot, which was easily concealed by a shoe.

Case II.—Grazia Sinelli was admitted into the

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civil hospital, on the 16th of November, 1840, with fracture of the upper third of the thigh. The superior fragment projected through the integuments; the limb was enormously swollen, tongue dry, thirst great; the patient, who was drunk, could not be kept quiet. She was bled from the arm, and one hundred leeches were applied to the thigh, to prevent gangrene. When the inflammation was reduced, Boyer's splint was applied, and allowed to remain on for twenty-eight days; it had, however, been frequently displaced by the patient, and on taking it off, it was found that the fracture was united at an angle. Here, as in the former case, it was found impossible to break the bone again; hence, resection was had recourse to on the 26th of December, 1840. A vertical incision, about four inches long, having been made in the integuments, and the muscles separated, an inch and a half of the superior extremity, and half an inch of the inferior one, were removed with the chain-saw. No bad symptoms occurred after the operation, and on the fifty-fifth day the patient left the hospital with a shortened but useful limb.—*Fil. Sebezio et Exam. Med.*

URINARY CALCULI AND CHALK STONES.

M. DE BOUYS has confirmed the results of Mr. Ure's experiments, by converting uric into hipuric acid with the aid of benzoic acid. Uric acid and the urates are nearly insoluble, while hipuric acid and the hipurates are, on the contrary, very soluble. Thus ten parts of water will dissolve one of hipurate of lime, while it requires 440 parts to dissolve one of urate of lime. Two experiments made in the wards of M. Rayer, at La Charité, with benzoic acid, have produced encouraging effects.

EXTRACTION OF A GOLD-PIN PASSED FAR INTO THE URETHRA.

BY DR. BOINET.

I WAS called, some time since, to visit a young man, who, for the purpose of excitement, had introduced a gold-pin into the urethra, into which it suddenly slipped from his grasp and disappeared. It was more than two inches long, and the head, which had been pushed in first, was as large as a hemp-seed. In his attempt to push it out again he had made it go further towards the bladder, and when I came to him, the head of the pin was in at the membranous part of the urethra. I could easily put it in the perineal region, and applying my thumb on the head to prevent its going on towards the bladder, I tried to push it out of the canal, pressing in the direction opposite to that by which it had entered, and at the same time pulling the penis, to prevent the point from catching in the folds of the mucous membrane. But, in spite of all my precautions, my attempts appeared to make it go towards the bladder, especially whenever I tried to disengage the point from the mucous membrane into which it kept running. I had scarcely any instruments with me, nor indeed would any ordinary ones have been of any use; therefore my endeavours to draw it out were unavailing.

I now determined to run the point of the pin through the wall of the urethra, and then to turn the pin end for end, and push the head towards the external orifice. This I accomplished in the following manner:—With the left thumb I firmly fixed the head of the pin, and then bending the penis double at the part where the point of the pin lay, I made the latter pass through the wall of the urethra, and drew out all but the head, which now lay where the head had just previously been. This done, I carried the shaft of the pin backwards, and so made the head more forwards, and then pushing on the shaft from behind forwards, I pushed the pin head first towards the external meatus, through which I now easily drew it out with a pair of dressing forceps. In a word, to perforate the urethra from within outwards, to turn the pin, to push it on, and to extract it—such were the manœuvres of this operation.

The consequences of this perforation were of the simplest kind: the patient scarcely ever felt a pricking in making water. Three days after he was perfectly well. Subsequently, however, in consequence of a severe and maltreated gonorrhœa, an abscess formed around the urethra, and was followed by a fistulous opening; but it was remarkable that this opening was situated at a considerable distance from the part at which the urethra had been punctured.—*Gaz. Méd. Mai* 1, 1841.

ROYAL COLLEGE OF SURGEONS IN LONDON.

THE Council proposing to publish, in the course of the ensuing year, a Volume, to be entitled *Transactions of the Royal College of Surgeons in London*," invite, from the Members of the College and other scientific persons, communications relating to the improvement of anatomical and surgical science.

The subjects proposed to be included in this publication are specified in the following extract from the Ordinances of the College:—

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"Statistical Reports from Hospitals."

It is requested that Papers intended for publication in this Volume may be transmitted to the President, at the College, on or before the 1st of May, 1842.

28th July, 1841. EDMUND BELFOUR, Sec.

LITHOTRITY PERFORMED IN THE FIFTEENTH CENTURY.

BY A. BENEVIENI.

"A CERTAIN nun laboured under retention of urine for twelve days, from obstruction of the passage by a calculus. As the use of the catheter (*cænea fistula*) and other means failed, I fixed a hook on the stone, lest when struck, it should be pushed back into the bladder; I then struck the stone frequently with an iron instrument, until it was broken up into small pieces, and having exercised due diligence to avoid injuring the internal parts, I withdrew the hook and rod; on doing which, the fragments of stone were discharged; the urine passed freely, and the woman was restored to health."—*A. Benevieni de abditis nonnullis ac mirandis morborum causis liber.* c. xxx. *Exam. Med. No.* 8.

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"Dated, October 23, 1840."

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Dr. PARIS, Author of the Pharmacologia,

Dr. COLLYER, Translator of the Pharmacopœia (see p. 93); and

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FOREIGN SOCIETIES.

ACADEMY OF SCIENCES, PARIS.

REPORT OF THE COMMISSION ON GELATINE. BY M. MAGENDIE.

(Continued from p. 277.)

Experiments on Gelatine Mixed with various Alimentary Substances.

With this view we determined to mix gelatine with various alimentary substances, and thus endeavour to prolong its use for a sufficient time to appreciate its nutritious influence.

In these experiments, which occupied a long time, as many of them lasted 80 or 90 days, gelatine, generally in considerable quantity, was given, either boiled in meat broth, or mixed with bread and flesh; sometimes together, sometimes separately.

The quantity of dry gelatine, mixed with these substances, amounted to 500 grammes daily, for dogs weighing from 10 to 12 kilogrammes: it was swallowed with very great repugnance, and consequently was incapable of exerting all its nutritious influence; but, nevertheless, in all our experiments, which were varied in numerous ways—the dose of gelatine being sometimes augmented, and again diminished, as was that of the other substances mixed with it—we never succeeded in effecting complete nutrition. On the contrary, our dogs died with all the signs of inanition; they all rapidly decreased in weight; all were affected with copious diarrhœa, and fell into extreme debility, the almost inevitable precursor of death from inanition. The details of these experiments are appended to the report, but some of them may be here cited to give an idea of the mode in which they were conducted.

1. A large dog, nearly a year old, weighing 11½ kilogrammes, was placed on a regimen consisting of soup composed of 250 grammes of bread and an equal quantity of Flanders glue. This was continued 44 days, during which the animal became very thin. The 45th day the regimen was composed of 120 grammes of bread and 370 of Flanders glue. The animal left the soup in disgust, and fell into the utmost debility. The preceding regimen was then resumed, with the addition of half a pound of good meat soup: the animal eagerly swallowed the soup and became stronger. This amelioration was, however, of short duration: on the 63d day the dog was again excessively weak, and weighed but 8¼ kilogrammes.

A copious diarrhœa existed throughout these 63 days. Seeing the animal in this condition, and that his death was inevitable if he was kept on the same regimen, he was fed on meat during four days, which restored his strength and put an end to the diarrhœa. On the 76th day, the health of the animal being well re-established, the glue and bread soup was resumed, but the animal took it with disgust, and died on the 83d day extremely emaciated.

2. A large adult healthy bitch was placed on the following mixture, as a daily allowance:—

Dry alimentary gelatine,	260	grammes.
Bread.....	250	ditto.
Ox heart	130	ditto.
Two eggs,		
Salt, q. s.		

She used this daily for 10 days, in which time she became sensibly thin. From the 12th to the 20th day of the experiment, the quantity of gelatine was increased to 500 grammes in the 24 hours, but such repugnance was evinced to it that the quantity had to be reduced. The 23d day the animal brought forth five pups. We observed that she had but four teats developed and containing milk. One of the pups soon died, probably on this account. The same diet was continued, but with only 253 grammes of gelatine.

The 24th day the emaciation appeared very great, after the delivery; from the 24th to the 29th day, the animal took in its food 796 grammes of dry gelatine; it manifested extreme repugnance to its food, although all the signs of extreme hunger were evinced. One of the teats ceased to yield milk, and another of the puppies was found dead.

From the 29th to the 43d day, the gelatine regimen was suspended and the animal was fed with tripe. On the third day after this change of food the mammæ were full of milk.

On the 43d day the gelatine diet was resumed; and shortly after the inferior mammæ alone supplied milk. On the 55th day all the mammæ were shrunk and yielded no milk. The mother was very lean and repelled her young. On the 58th day she would not suffer them to approach her, and they soon perished from inanition.

During 80 days, the animal had eaten, independently of bread and flesh meat, 3210 grammes of gelatine. This aliment evidently superseded the secretion of milk, which returned on the diet being changed. This regimen then was not sufficiently nutritive.

From the foregoing facts, we may safely conclude that gelatine, even when rendered savoury by the sapid and odorous principles of flesh, cannot alone serve as aliment and support life, and that it soon excites an insurmountable disgust.

That its introduction to a certain amount, even one-half, does not ameliorate a regimen, but on the contrary renders it incomplete and insufficient.

It remained to examine the properties of an alimentary preparation, into which gelatine is sometimes introduced in small quantity, and which is distributed to the indigent. I allude to soup made with flesh and partly with a gelatinous solution prepared by M. D'Arcet's process.

Experiments on Gelatine Soup and the Soup of Flesh Meat.

With the view of examining this subject, which is of the greatest importance as involving the alimentation of the indigent and of the sick, we thought it right to compare the soup prepared at the Hopital St. Louis, according to M. D'Arcet's process, with that manufactured in Paris in great quantities by the Dutch company. To render this examination the more profitable, one of our number, at the desire of the commission, devoted himself, during three months (September, October, and November, 1825), to an attentive examination of the solution of gelatine and of the soup prepared at the Hopital St. Louis. These products were had daily from the Hospital; of the parcel that day prepared, and on their arrival at the laboratory of the Ecole Polytechnique, where all the experiments were performed, their physical characters, taste, re-action on test paper, &c., were ascertained.

A litre of each liquid was then evaporated on the water bath till the residuum ceased to lose in weight; the residuum being examined was then cautiously burned to destroy the organic matter and estimate the amount of the salts.

From these protracted experiments it results that the soup of the Hopital St. Louis is often neuter or slightly acid, that it is frequently muddy, and that it is rather variable and not as good as might be desired; it seems to contain, as a mean, 14 grammes of dry matter to the litre, of which 8 grammes are organic matter, and 6 grammes salts; amongst which sea salt predominates. The organic matter consists essentially of fat, of gelatine, and of extractive derived from the meat or from the legumes. It also contains a small quantity of an ammoniacal salt, whose proportion was not exactly determined.

The solution of gelatine generally contained 10 grammes of gelatine to the litre; this is the mean product. It was more or less alkaline, sometimes muddy and ill tasted; but often insipid. Usually but a trace of saline matter was found in it. In fact, it really consisted of water, gelatine, and a little fat in an emulsion, as it were, owing to the presence of traces of ammoniacal compounds.

This alkalinity of the solution of gelatine explains the slight acidity of broth formed of it, because it neutralises the acids furnished by the meat and legumes added to it. Its muddiness and ill taste also explain the turbidness and bad flavour sometimes detected in the soup.

A most vigilant and careful surveillance is therefore required if we would employ a solution of gelatine in the manufacture of soup, the solution being subject to variations in its quality according to the precaution observed in the selection of the bones and the direction of the apparatus. Unquestionably we may obtain with M. D'Arcet's apparatus, a solution of gelatine devoid of taste and smell, capable of forming an agreeable broth, but doubtless the necessary precautions are not always observed.

As we proposed instituting comparative physiological experiments between the soup of the Hopital St. Louis and that of the Dutch company, the latter was analysed also, and our experiments only confirmed the exactness of M. Chevreul's previous experiments on the same product.

The soup of the Dutch company is in general very decidedly acid, agreeable and savoury in taste, often a little muddy. It contains uniformly from 24 to 25 grammes of dry matter per litre; 8 or 10 grammes of which are salts, especially sea salt, and 15 grammes being organic principles; to wit, fat, gelatine, extractive of meat, and the soluble parts of legumes.

The taste and smell of the dry residua of the two soups here in question, differ in the most decided manner.

While these chemical examinations were being made, these products were submitted to trials to determine their comparative nutritious powers.

A certain number of dogs were taken in couples as similar as possible in age, weight and state of health. One of each couple was fed on a determinate quantity of white bread and soup of the Dutch company, while another was similarly fed on soup of the Hopital St. Louis. The influence of this on the weight and functions of each animal was noted daily.

Some of these experiments and their results are as follow:—

A dog, designated No 1, weighing 1 kil. 250, was given as diet, 250 grammes of white bread and one litre of the gelatine broth of the Hopital St. Louis.

His health remained good for 56 days, but he then only weighed 7 kil. 15, and consequently he lost, under the influence of this diet, 1 kil. 235, in weight.

The soup of the Dutch company was then substituted for that of the Hopital St. Louis, the quantity of bread remaining the same. On the 111th day of the experiment, the 55th of the change of diet, the animal was in good health, and weighed 8 kil. 90.

A dog, No. 2, weighing 6 kil. 50, was fed on a litre of the Dutch company's soup and 25 grammes of bread daily. On the 56th day he had gained 15 grammes of weight. A litre of the soup of the Hopital St. Louis was then given in place of that previously used. On the 111th day of the experiment, the 55th of the change of diet, this animal weighed but 6 kils. 15, and had thus lost 40 grammes.

In other experiments the quantity of bread was diminished, the better to demonstrate the influence of the soup.

Dog No. 3, weight 3 kil. 75. Daily diet—Dutch soup, 1 litre; bread, 120 grammes.

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17th day, weight 3 kil. 60—loss, 15 grammes. Diet changed to St. Louis soup, 1 litre; bread, 120 grammes.

41st day, weight 3 kil. 75, or a return to the original weight.

Dog No. 4, weight 4 kil. St. Louis soup, daily 1 litre; bread, 120 grammes.

17th day, weight 3 kil. 80.—loss of 20 grammes. Diet changed to Dutch soup, 1 litre; bread, 120 grammes.

41st day, weight 4 kil. 50, or a gain of 50 grammes on his original weight, and 70 on that to which he had fallen while using the gelatine soup.

From these examples, selected as the simplest, the advantage, though small, is obviously on the side of the soup so carefully prepared by the Dutch company, which was superior to that of the Hopital St. Louis, composed of one half good meat soup and one half solution of gelatine.

We must add the important fact that in several instances dogs fed with meat-soup, whether of the Dutch company, or of the Hopital St. Louis, even when 380 grammes of bread were given daily, were insufficiently nourished, and died with all the signs of inanition, though they were fed on flesh meat before the termination of the experiment.

From these experiments on the nutritious properties of gelatine, your commission concludes that if gelatine may, without mischief, constitute a portion of an alimentary regimen, the properties of it so employed should be restricted within certain limits, as otherwise it produces serious mischiefs, especially a loathing so invincible that animals will rather die of hunger than eat this substance in whatever form it may be prepared.

The striking accordance between our experiments and those performed by our predecessors in this investigation, destroy the flattering hopes conceived by certain philanthropists as to the advantages derivable from employing bone gelatine as an article of diet.

Experiments on the Parenchyma of Bone

All the preceding researches had relation to gelatine properly so called, obtained by the re-action of bread and water on certain animal tissues. No doubt, similar researches on chondrine would have been interesting, but besides that it is difficult to be procured, that substance would probably require a chemical examination previous to serving as the basis of experiments on alimentation. Gelatine deprived of its property of forming a jelly with water, by exposure to an elevated temperature or atmospheric influence, might also have been examined, were it not that the repulsive smell and taste of syrrupy gelatine forbid its employment an aliment. It appeared, however, necessary to examine whether bone and its parenchyma constituted good food.

With this view we obtained at the establishment of the Isle de Cygnes bones deprived of their phosphates and carbonates by means of muriatic acid. Bones thus reduced to their organic parenchyma are semi-transparent, flexible, elastic, have a fatty smell and an acid taste, which they owe to the chemical operation by which the greater part of their calcareous salts have been removed.

These products, which are collectively called alimentary gelatine, are of two kinds. One obtained from ox and sheep's heads, which is almost completely converted into gelatine by the action of boiling-water, and has a slightly fatty smell. The other prepared from sheep's heads, opaquer than the former, and evidently containing a certain amount of fat.

Several dogs ate each of the products equally well for several days, but after 5 or 6 days evinced a decided preference for the latter, and we had to abandon the use of that obtained from ox and sheep heads. The dogs continued to eat that gotten from sheep's feet during a month to the amount of 250 grammes daily, without ever manifesting any dislike, but on the contrary, receiving it every morning with obvious satisfaction.

During this period the animals were always well, active, and lively, and their digestion continued good; their weight, however, diminished slightly, showing that alimentation was not perfect. After a month, however, of this regimen, distaste was unequivocally manifested, and inanition appeared impending. We limited ourselves, therefore, to ascertaining that the organic parenchyma of sheep's feet sufficed to maintain a sufficient alimentation during one month.

There is nothing surprising in this result. It is notorious, that the large carniverous animals, that even dogs, grind the spongy bones and derive nourishment from them, rejecting by defecation the calcareous parts almost unmixed. If we remove by an acid the calcareous portion of bone, it is but a culinary preparation which in this, as in many other cases, facilitates mastication and digestion.

It is not so easy to understand how dogs accept the dephosphated sheep's feet for a month, and reject after a few days ox and sheep heads similarly deprived of their saline constituents.

With a view of elucidating this singular phenomenon we submitted these kinds of bones to a comparative analysis. We found that 100 parts of the bones of sheep's feet contained—

Water	47.22
Fat	5.55
Matter convertible into gelatine	17.30
Earthly phosphates and other salts	12.42
Insoluble animal matter	17.51
	100.000

The bones of ox and sheep's heads contained—

Water	22.87
Fat	11.54
Matter convertible into gelatine	27.90
Earthly phosphates	32,77
Insoluble animal matter	4.83

Thus the substance rejected by the dogs contains more fat, more gelatine, and more saline matter than that which they accept; the latter contains the larger quantity of water, and especially of insoluble animal matter. Does this preference and the greater nutritious power of the latter product depend on this greater amount of insoluble animal matter? It may be so, but we have no positive proof that such is the case.

At all events, the parenchyma of the bone of sheep's feet, which dogs eat with pleasure, and which by itself suffices to support them during a month, is partly composed of a material readily converted into gelatine. It became interesting to ascertain whether after such conversion, it retained its temporary nutritious powers.

A certain quantity of dephosphated sheep's feet were then macerated in water, hot but not boiling, and we thus obtained a jelly tolerably firm, still retaining somewhat of the smell and taste of the substance it was derived from, and covered on the surface with a frothy layer, evidently containing fat.

Several of the dogs were placed on the use of this jelly, including some that had been antecedently fed on the dephosphated sheep's feet. These animals all soon manifested signs of inanition, and some even died in a state of complete marasmus.

Thus a dog that had continued in satisfactory health during a month, though exclusively nourished on dephosphated sheep's feet, after ten days use of the jelly prepared therefrom, lost 500 grammes in weight; his aspect was further completely changed; he was sluggish and could scarcely stand; the eyes were dull, the hair rough, he evolved a repulsive smell, and laboured under constant diarrhœa. This condition becoming aggravated, he died on the 13th day in a state of extreme emaciation, though he continued to eat the jelly to the last moment. Other dogs survived to but the 29th day, though allowed to eat the jelly to an unlimited extent. We observed, in the course of the experiments, that the dogs ate with a decided preference the frothy fat on the surface of the jelly, and that portion of the jelly, in immediate contact with that fat, leaving, on the contrary, the gelatine at the bottom of the vessel, which was divested of the fatty taste.

The bones of sheep's feet, then, are not nutritious, merely because they contain fat and calcareous salts; they are so, probably, because of the organic condition of their parenchyma. A new element was thus experimentally introduced into the great question of alimentation, which furnished matter for further experiments, of which we shall state the results.

To ascertain this influence, we determined to submit the bones themselves to experiment; for if the bones alone sufficed for alimentation, it would be an additional evidence of the influence exerted by the organic condition on aliments.

For this purpose we fed dogs exclusively with bones and water. To some the bones were given raw, and divested of flesh as much as possible; to others the bones were given cooked—that is to say, completely divested of all the soft parts and partly of their fat.

The dogs fed with the raw bones throve perfectly, feeding on them during three months without their health being disturbed or their weight diminished.

The dogs fed on the boiled bones died after two months, with all the signs of inanition and considerable loss of weight.

The natural consequence from these experiments is, that the organic condition is not all powerful, but must be combined with other conditions to produce complete and protracted nutrition. To give this conclusion, however, the necessary value, it should be established by more numerous facts, and by comparative experiments on the various animal tissues usually employed in the manufacture of gelatine and the various kinds of glue. With this view we performed several experiments.

Experiments on Tendons.

We first experimented on tendons; secondly, on cartilages, and hide raw or tanned.

At present we use only in a condition to speak of the tendons, the other experiments not being complete; they will be noticed in a supplementary report.

As a type of our researches on the nutritious qualities of tendons, we shall cite the following fact, which in itself sums up what we have observed on this point.

The 23d of March last, an adult dog, weighing 16 kil. 300, was fed with beef tendons and water exclusively; an unlimited supply of each was allowed, and they were renewed daily.

The first day the animal consumed 1½ kil. of the tendons, and appeared satisfied; but from the 10th of April he took a disgust to them, and on the 15th April formally refused them. Being then weighed (53d day of the experiment), he had lost 1 kil. 800 in weight, and also manifested undoubted signs of inanition. His regimen was then changed to raw bones, which he ate greedily to the amount of 2 kil. daily. His strength and activity rapidly returned, and on 15th May he had recovered 1 kil. in weight, continued to eat the bones with satisfaction, and was in good health.

Tendon, then, is like the parenchyma of bone, incapable of supporting nutrition beyond a certain limit of time.

Experiments on the Nutritious Properties of Albumen, of Fibrine, and other immediate Animal Principles.

The preceding experiments abundantly prove that gelatine is little, if at all, nutritive. But is this negative property peculiar to this substance? Are other proximate animal and vegetable principles superior to it in this respect? Or are they, in this respect, co-ordinate with it? We determined to examine this question, and here the scope of our labours became immensely extended, as it involved the repetition with each principle separately of all the experiments already performed on gelatine.

The experiments of one of your commission had already, indeed, shown that alimentation with a single element rarely sufficed, terminating in death sooner or later: we determined to directly examine all the facts bearing on the question.

Experiments on Albumen.

We first experimented with albumen, analogous in more than one respect with gelatine. This substance is not, however, like gelatine, an artificial product: but, on the contrary, exists ready formed in the economy, especially in the serum of the blood and of the lymph, etc. It might then be presumed

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that a diet consisting of albumen exclusively might suffice to carry on nutrition for a certain time; but we shall see that this is not the case.

We attempted to feed several dogs on albumen, but were soon compelled to abandon the project; for several dogs, whom we supplied during several days with white of egg, both raw and boiled, would not even touch it, and would certainly have died of hunger beside it.

Thus, then, albumen, liquid or coagulated, is, like gelatine, instinctively refused by animals, even when urged by the extremity of hunger.

This result will cause surprise, for, though hard white of egg is regarded as difficult of digestion, it certainly is not commonly considered as divested of nutritive qualities. But, on the contrary, white of egg, when liquid or moderately boiled, is considered as a light food, easy of digestion.

In fact, several conditions favourable to digestion are combined in white of egg. It is alkaline, and contains salts, especially sea salt, in a considerable quantity. Its animal matter is identical with that found in the chyle and the blood; furthermore, white of egg contains some organised membranes, which may be useful and even indispensible to digestion.

Nevertheless, animals refuse albumen. We shall see further on how this result may be partly at least explained. For the present we merely state facts.*

Experiments on Fibrine.

This substance has been regarded as the one nutritious above all others. In fact it constitute almost the entire of muscular flesh, the chief food of man and the carnivora.

Instead of commencing our experiments with muscles, in which fibrine is conjoined with vascular, nervous, and cellular tissue, we preferred using this substance in a state of purity, such as it is extracted from ox blood. It was carefully washed, and expressed, to separate the other element of the blood, and was given, thus pure and moist to the dogs. These experiments, the details of which shall be published, independently of their result, which is most remarkable, presented several curious circumstances which we shall detail.

The animals at first manifested repugnance to the purified fibrine of the blood, which they, however, soon surmounted, and ate it with relish during the entire duration of the experiments, several of which were continued 75 days, It was only the last few days that any repugnance was again evinced. In one experiment, it was thought that by adding fibrine to alimentary gelatine the animal might prefer this variation of diet, but nothing of the kind occurred; the fibrine was consumed as usual and the gelatine was left.

The most singular fact, however—that which surprised us most, and doubtless, will astonish every one—is, that though the animals regularly ate and digested from 500 to 1000 grammes of fibrine daily, they nevertheless gradually evinced, by diminution of their weight, augmenting emaciation, the signs of a defective alimentation; and one dog actually died of inanition, having consumed daily during two months half a kilogramme, and on the morning of his death, 1 kilogramme of fibrine. What is most strange is, that in this dog the blood had almost completely disappeared; despite all our care to collect it a few instants after death we obtained scarcely 1 gramme of fibrine.

This is, doubtless, a strange result, which demonstrates how far we are from possessing even an approximate theory of nutrition. The gelatine and albumen do not nourish may be understood, these substances constitute but a small part of the ordinary articles of diet. But that fibrine, the organic base of flesh, cannot, even when consumed in large quantity, support life beyond a certain time, is indeed surprising, and called for fresh investigations in which your commission propose to engage.

It is true that fibrine of the blood differs in more than one respect from fibrine of muscle; it is not organised, it is destutute of the sapid and saline principles which flesh communicates to broth; it is not intimately mixed with nerves, vessels, and cellular tissue, and finally it is destitute of the alkaline, earthy, and ferruginous salts which exist in muscle. Is it not to this difference of composition that is owing its deficiency of nutritive power? for it is familiarly known by daily experience that flesh nourishes perfectly, even in quantities much smaller than the amount of fibrine of blood given to our dogs. We shall cite experiments directly proving this fact.

The dissimilarity of fibrine of blood and fibrine of muscle appears even on chemical grounds, for fibrine is always more soluble the more recently it has been coagulated.

It is, however, impossible to thus explain the remarkable results above detailed. As fibrine in one shape at least is not nutritious, we must conclude either that it and albumen and gelatine, are isolatedly incapable of forming in the stomach a product convertible into nutritive chyle, or else that something is wanting which is indispensable to the effecting of this transformation.

To elucidate this difficulty, we have resolved to perform two series of experiments. In the first, the animals are to be fed with fibrine of blood artificially mixed with the sapid and odorous principles of muscular flesh; in the second, they shall be feed on muscle itself divested as much as possible of all constituents not consisting of fibrine.

These experiments are in progress, but not yet concluded, and will form part of the supplementary report, which we purpose making to the Academy; at present, however, we shall detail the two first.

Experiments on Fibrine of Blood, mixed with the Sapid and Odorous Principles of Flesh.

1st. Experiment, 14th April, 1841.—A large dog was fed exclusively with fibrine of ox blood well washed and moistened with soup of the Dutch company.

Condition of the Animal.—Active, in good health, never previously experimented on; age, 18 months; weight, 15 kilogrammes; quantity of fibrine eaten daily, 1 kil. Quantity of excellent meat-soup mixed with the fibrine, 33 centilitres.

19 April (5th day). The animal has eaten his food, and seems well satisfied with it; weight 15 kilog.

May 3rd (19th day). The animal evinces distaste for his food, and loses, by scattering it about, 500 out of 1000 grammes.

In lieu of 33 centilitres of soup, the fibrine was mixed with 50 centilitres, to 1000 grammes of fibrine; during 3 or 4 days he ate more readily, consuming almost his entire allowance.

7th May (23rd day). The animal again dislikes and scatters a large amount of his food.

The fibrine was then boiled in 15 centilitres of soup, and when thus prepared exhaled a very grateful animal odour.

The first few days subsequently the dog eagerly demanded the entire of 1 kil. of fibrine thus prepared; but soon became again disgusted with it, though his food was renewed daily, and always prepared in exactly the same way.

15th May (31st day). The animal refused to eat the cooked fibrine: weight 13 kil. or two kil. loss in 31 days.

The fibrine was continued for two or three days, but the animal absolutely refused it in whatever shape it was offered to him.

From the 15th to the 19th May the animal remained without eating, while there lay beside him 1 kil. of fibrine divided into two equal portions—one cooked in soup, the other raw.

The experiment terminated on the 19th May (35th day). Thus in this first experiment a combination of fibrine with excellent soup containing the sapid principles and salts of meat, was incapable of nourishing. It remains to be seen if farther experiments will confirm this remarkable result.

Experiments on Fibrine of Muscle.

29th March, 1841, a middle-sized dog was feed exclusively on boiled beef, deprived of fat and expressed in a cloth after 24 hours maceration in water to deprive it of the smell and taste of flesh and render it as similar as possible to fibrine of blood.

Condition of the Animal.—Active, healthy, never before experimented on; age, between 28 and 24 months; weight, 6 kil. 300.

Quantity of beef daily, 250 grammes. The animal, although he readily eat his allowance, grew rapidly thin, but retained his vivacity; his hair was smooth, and he manifested no signs of marasmus.

May 12th (43rd day), the animal is very thin; weight 4 kil. 800.

The animal had to this date consumed his allowance except during the last five or six days, when he left a little uneaten. Though very thin, he restrained his vivacity.

24th May (55th day), since the 12th May, the quantity of beef left uneaten augmented from day to day, and at this date about 60 of the 250 grammes are consumed. The animal is extremely emaciated, drinks much; and languor begins to show itself.

The experiment was evidently near its termination, and clearly, fibrine in the shape now employed, though more nutritious than fibrine of blood mixed with meat-soup, was incapable of affording sufficient nourishment.

We considered, however, that the deficiency of nutritious power resulted from the fibrine being employed as sole aliment. We, therefore, formed compounds of the various elements combined, with which we had experimented separately.

Experiments on the Alimentary Properties of Mixtures of Gelatine and Fibrine; of Gelatine and Albumen; of Fibrine and Albumen; and of Fibrine, Gelatine, and Albumen.

We placed dogs on the use, some of a mixture of gelatine and fibrine; some of gelatine and albumen; and others had a mixture in various proportions in these three substances, and thus commenced a series of experiments which must of necessity be very numerous and tedious; which ought to yield very interesting results. These results were as follow.—

A mixture of albumen and fibrine in various proportions was not regarded with so much repugnance as were either these substances separately. Generally their use could be continued for a greater length of time; but always after the lapse of a variable period, the animals fell into marasmus, and died of inanition while eating a considerable quantity of these substances.

The various mixtures employed in these experiments, gave different results: that of gelatine and albumen was the least favourable; that of fibrine and albumen sustained life the longest, prolonging it even to the 126th day; with a small quantity of gelatine, albumen and fibrine, to the exetnt of one kil. daily, life was sustained 121 days; but after that, digestion was not carried on, and the animals died with all the signs of defective alimentation, though their stomachs were filled, distended even, with a considerable mass of unchymified food.

The result of all these experiments is, that the mixtures employed, though every pains were taken to make them as savoury as possible, were insufficient in any ease to serve as food, and that in this capital point they agreed, whether combined or isolated.

And yet, raw meat, where these same elements are associated, but associated according to the laws of organic nature, is notoriously an excellent food. Though this fact is undoubted, we yet thought it right to test it in your experiments.

We fed the several dogs on a fixed quantity of raw meat, of sheap's heads; and though the quantity consumed daily never exceeded 300 grammes, and was often less, the health and the weight of the animals remained unimpaired during 120 days, the period at which we ceased the experiment, thinking it then sufficiently protracted. Is it not worthy of remark, that from 150 to 300 grammes of raw meat, of the worst quality, has a greater nutritive value than 1000 grammes of fibrine, assisted by several hundreds of grammes of gelatine and albumen.

Physiologists will doubtless be struck with these

* As we had a quantity of yolk of eggs at our disposal, we tried if dogs could be nourished on them, and gave twelve or fourteen daily to hungry, healthy dogs. The first day the yolk of egg was eaten with signs of distaste, the second day the distaste was more decided, and but a part of the supply was consumed; finally, the tenth day, the animals rejected them, though they were really famished.

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results, and we warmly recommend them to the attention of chemists.

What is then the peculiar principle, which renders a flesh meat diet so perfect? Does the odourous and sapid matter, as seems probable, play this part? Have the salts and trace of iron contained in it, the fat, the lactic acid, small as their quantity is anything to say to this result? These are beautiful and important questions, which may be thus stated. *Separate from flesh meat, a principle which, combined with albume n, gelatine, or fibrine, shall convert them into a sufficient aliment for carnivorous animals.*

Experiments on the Nutritive Properties of the Fats.

Having examined the nutritive properties of the principal azotis elements, it was important to study, under the same point of view, those principles non-azotised, but much used as aliment by man, and some animals, such as fat, butter, &c.

Fifteen adult dogs were successively placed on a regimen, consisting exclusively of fatty substances (fresh butter, lard, and fat of ox heart, *i. e.*, fat still enveloped in the organic cells that naturally contain it.) These experiments occupied nearly a year (1837-38), and the following recital will show why they consumed so much time.

Four experiments were first made with fresh butter, in the daily quantity of 300 grammes, and gave no result further than that the animals greedily ate the butter the two first days, subsequently utterly rejected it, and would have been starved, had the experiment been persisted in.

We were, however, more fortunate with a fifth dog, that consented to eat the butter, irregularly however, during 68 days, and then died in a state of inanition, but remarkably fat. During the whole course of the experiment, the dog exhaled a strong butyraceous odour. His hair was greasy to the touch, and the skin unctuous, and lined with a layer of fat.

On examination after death, all the tissues and organs were found infiltrated with fat, the liver was what is pathologically called a fatty liver, and when analysed, yielded a great quantity of stearine, and little or no oleine; it was, in a manner, infiltrated with butter.

Lard gave the same results: several animals ate it a few days with avidity, and then completely rejected it. Another died on the 18th day, eating some days 25 grammes, but most frequently refusing to touch it. Another finally lived to the 156th day, usually consuming 120 grammes of lard per 24 hours, but yet, on more than one day, the animal fasted, rather than eat it.

On examination after death, we found, as in the dog that died after being fed on butter, a general atrophy of the organs, but a superabundance of fat, especially under the skin, where it formed a layer more than a centimetre thick.

We now tried the effects of a mixture of bread and lard, and made a paste consisting of—

Lard.....120 grammes
White bread.....250 do.

But the animal to whom this was offered, refused it after a few days.

The results of experiments with the fat that envelopes the heart of the ox, which was still enveloped with its cellular tissue, and to which some shreds of muscle adhered, were as follow:—

Four dogs were placed on the use of this substance; they at first ate with avidity, but all, at the expiration of seven days, refused it. They, so to say, dissected it into minute morsels, appropriating the merest fragment of muscular fibre, and cellular tissue. All died, on the 19th, 24th, 26th, and 35th days respectively; ulcers had formed on their cornea.

On dissection, all the organs were atrophied, but infiltrated with fat; their livers were fatty.

In opposition to these results, a small adult dog lived a year in perfect health, eating daily 125 grammes of fat of ox heart.

Another dog fed exclusively on the daily allowance of 100 grammes of similar fat, simply exhaled an insupportable fatty smell, but lived six months in perfect health. He would doubtless have continued to do so, had the experiment been continued.

Despite this diversity of result in six experiments with the fat of ox heart, it is clear that such fat has a decided advantage over the other fatty matters experimented on.

Experiments on the Nutritious Properties of Gluten and Fecula.

After these, certainly very imperfect experiments on the nutritious properties of the animal proximate principles, we wished to try similar experiments on vegetable proximate principles, especially gluten and fecula.

Gluten, whether extracted from wheaten or maize flour, presented a phenomenon, which was not observed with the other organic proximate principles, which all excited more or less repugnance in the animals compelled to eat them.

Gluten, though its smell is somewhat nauseous, and its taste anything but pleasant, was eaten without difficulty from the very first day, and the animals continued its use during three months uninterruptedly, without manifesting any dislike to it. The daily supply was from 120 to 150 grammes, and the dogs retained every appearance of perfect health. This fact struck us the more, as being opposed to the rule which apparently resulted from numerous experiments; to wit, that an alimentary substance, especially if it be an isolated proximate principle, is not fit for sustaining life beyond a certain period, which is never very long.

Here, however, is a substance, hitherto considered as a proximate nitrogenous principle, which, without any preparation or seasoning, excites neither repugnance nor disgust, and which, by itself, nourishes perfectly and for a long period.

Dr. Prout, the celebrated English chemist, building on the known fact, that milk constitutes of itself an excellent aliment, has taken its composition as a type, and reduced thereto the general composition of the food of animals in the following form:—

1. A nitrogenous substance.... Caseum.
2. A fatty matter..... Butter.
3. A neutral non-azotised substance..... Sugar of milk.
4. Various alkaline or earthly salts.

But gluten nourishes by itself, though simpler in composition than milk, or the aliments compared with it.

Gluten, however, cannot be considered as a proximate principle; as we used it, it doubtless retained some traces of fecula. When isolated, it can, as is known, resolve itself into two distinct substances; an albuminous substance, and a product named glaiadine, which, in its turn, is divisible into gluten, properly so called, gum, and mucilage.

Our dogs then ate a large quantity of gluten, combined with a little albumen, gum, mucilage, fecula, and even sugar derived from the fecula. This apparently simple aliment, then, is in reality tolerably complex. But what we know of its chemical composition would by no means have enabled us to predict its nutritive powers.

Experiments on the Nutritive Properties of Fecula.

Fecula which constitutes so considerable a portion of the aliment of man and the domestic animals; which exists in such large quantity in the cerealia and leguminosæ, yielded in our experiments on dogs scarcely a trace of nutritious properties. Was this because it was isolated from the other constituents with which it is associated in vegetables? Perhaps so, for this is one of the general results deducible from our lengthened experiments.

Whether in powder, dry, or moist, dogs take no notice of fecula. Made into a paste with boiling water they also neglect it, and would die of inanition beside it, without attempting to touch it, were it not for the water mixed with it.

We shall be very reserved in the conclusions at which we shall arrive in this first part of our report, inasmuch as we have demonstrated that science is yet in its infancy in all that concerns the theory of nutrition; but we nevertheless consider that our experiments have established the following facts beyond dispute:—

1. It is impossible by any known method to extract from bones an aliment, which, whether alone or mixed with other substance, can be substituted for flesh meat.

2. Gelatine, albumen, or fibrine, taken separately, are incompetent to nourish animals, except for a very short time, and very imperfectly. These substances when pure, usually excite a disgust so insurmountable, that animals prefer dying of hunger to eating them.

3. These principles when artifically mixed are accepted with more resignation, and for a longer period, than when they are isolated; but definitively they do not exert a more favourable influence on nutrition, as animals that so eat them, even in considerable quantities, at length die, manifesting all the symptoms of complete inanition.

4. Muscular flesh in which gelatine, albumen, and fibrine are organically combined, but also associated with other principles, as fat, salts, &c., suffices, even in very small quantity, for complete and protracted nutrition.

5. Raw bones have the same advantage, but the quantity consumed in twenty-four hours, must far exceed that of muscular flesh.

6. Every kind of preparation, such as decoction in water, the action of muriatic acid, and especially the transformation into gelatine, diminishes the nutritive quality of bone, and even causes it in some cases to disappear.

7. The Commission, however, does not wish to pronounce an opinion at present on the employment of gelatine associated with other alimentary articles for the nourishment of man. Direct experiments can alone elucidate this point satisfactorily; these experiments are in active progress, and their results will be stated in the second part of the report.

8. Gluten suffices by itself for perfect and prolonged nutrition.

9. The fats taken as sole nutriment, sustain life for a certain time, but they produce an imperfect and deranged nutrition; fat accumulating in all the tissues, sometimes a soleine and stearine; sometimes as nearly pure stearine.

SECONDARIES' COURT,

Basinghall-street, August 13.—(Before Mr. Secondary Potter.)

RICHMOND *v.* DR. MANTELL.

THIS was an action against the defendant, the celebrated surgeon and geologist, to recover the sum of £7 11s. 3d., for medicines supplied by the plaintiff, a druggist, at Clapham. The defendant pleaded that he was not indebted. Mr. Thomas appeared for the plaintiff, and Mr. Gurney for the defence. It appeared by the evidence that the action was brought for medicines supplied between November, 1838, and March, 1839, and a witness was called to prove the delivery from time to time during the period above stated. The bill did not include any charge for medicine after 1838, except such as a set-off was pleaded to, for professional attendance on the plaintiff and his housekeeper. Mr. Gurney, for the defendant, submitted that the demand of the plaintiff had been discharged up to the end of the year 1838, and a receipt was put in to prove that fact; and since that time Dr. Mantell had rendered his professional services, which the jury would find was an ample set-off for any charges after that time. Mr. Lee, assistant to Dr. Mantell, proved the payment of the plaintiff's bill up to the end of the year 1838, and remembered the doctor's professional visits to the plaintiff. The medicines constituting the present demand, appeared to have been charged for after Dr. Mantell had established a surgery of his own, and at his own residence, in October, 1838. Mr. Thomas replied, and contended that the case established by him on behalf of the plaintiff had been in no way shaken by the evidence on the other side. The Secondary then went over the evidence. The jury, after a short consultation,

returned a verdict for the defendant. Not content with this decision, the plaintiff, who had already protracted the action, to amend particulars, applied on the following Tuesday for an arrest of proceedings, and the cause was argued by counsel before the judge, who finally dismissed the case, refusing to grant the plaintiff's application. It should be stated that the defendant who objected not only to the correctness of the items, but also to the exorbitant charges of many of the drugs, had offered on the first application to settle the affair by a reference, but this the plaintiff refused. During the pending of the action four different claims were made, each varying from the others, both in regard to the amount as well as the period at which the debt was stated to have been contracted. One of the claims being dated from the year 1837, when the defendant was not living at Clapham.

FOREIGN HOSPITALS.

HOSPITAL DE LA CHARITE.

PRACTICAL OBSERVATIONS ON ABSCESSES OF THE POPLITEAL SPACE, BY M. VELPEAU, CLINICAL PROFESSOR OF SURGERY, &c., &c.

THE popliteal space, like the axilla, the groin, the perineum, the inguinal, and iliac regions, is a very complex part, being composed of various sorts of tissues of bone, of ligaments, of muscle, of tendons, of synovial sheaths, and of cellular tissue: hence, all the regions composed of such different elements present a variety of diseases of which the diagnosis is very difficult. Abscesses are formed in this part, as in every other, under the influence of various causes. Some are sub-cutaneous, and as they do not differ from those formed in other parts of the body, we will pass them without remark; but others are situated deeper, and frequently are very difficult to recognize, because of the thick layer of different tissues which separate them from the skin; and it is impossible, before a certain period, to form a precise diagnosis. The young girl in the bed No. 23, suffered under a dull pain, deep in the popliteal space; and there was a degree of induration upon the point, but we could not say that a purulent collection existed behind these tissues. Moreover, an abscess formed in this region may present at a considerable distance from the point of formation; it may mount towards the thigh or descend in the calf of the leg, even to the borders of the Tendo-Achillis. The young man in the bed No. 11, appears to present a similar case: an incision was made low down in the leg, and an enormous quantity of pus escaped.

But the pus advances less towards the leg than towards the thigh, following in its course that kind of canal which gives passage to the vessels and the ischiartic nerve. Tumours may form upon its course, and the pus present at a point very high in the thigh, before we can recognise in a positive manner the presence of an abscess in the popliteal space. The young girl in the bed No. 2, presents a similar case. She was attacked with pain in the popliteal space; induration was perceived but not fluctuation; afterwards the pain extended to the inferior part of the thigh, and finally fluctuation was recognised on the external side of the limb. On the contrary, in the young girl in No. 23, the abscess remained in the popliteal space. The skin presented a swelling externally, became thinner, and a stroke of the bistoury gave issue to a considerable quantity of pus.

The abscess may also present internally or externally. In the first case it easily becomes submuscular, the vastus internus not being attached to the femur by very firm attachments.

If the abscess passes in front, it encounters osseous and ligamentous tissues; and we have to dread, lest the pus penetrates into the articulation. In this case we would have to treat a purulent inflammation of the knee, which is a very serious case.

If pus formed in the popletial space can pass to the neighbouring parts, so also it may come from points more or less distant, and form a collection in that space. We have seen, for example, pus caused by caries of bone of the vertebra described and accumulate in this space. M. Velpran attended a man with an enormous abscess in the part, and in the *post mortem* examination the pus was found to proceed from caries of the sacrum. Lately there was a young man in the hospital with ulcerations of the rectum and abscess in the buttock, in whom the pus had infiltrated from this point to the popliteal space; at other times the pus is formed by caries of the dorsal vertebræ, so that abscesses by congestion may form in the popliteal space, having their origin in the chest or in the abdomen.

A purulent collection may also have its origin from the leg: a caries or necrosis of the superior part of the tibia will be followed by an abscess which, four times perhaps out of six, will form in the popliteal space; because the soft part of the legs are of a texture more and more united together, in proportion as we descend towards the lower part. It is then only natural that abscesses should pass by preference towards the popliteal space.

The abscesses of the popliteal space may be symptomatic to certain lesions, for example, they are sometimes the result of a disease of the articulation of the knee, as in arthritis with effusion; the articulation opens, and the pus is effused in the popliteal space; but this termination is very rare, and most frequently the pus points anteriorly. M. Velpeau has not seen more than three or four examples.

It is easy to conceive that all the diseases of the neighbouring bones can produce symptomatic abscesses of the popliteal space; but further, the purulent collection may form in this space in many different manners. The synovial bursæ, of which there are a great number in this region, submitted to a certain friction, may inflame, suppurate, and ulcerate on the side towards this space; which termination is not without examples. The ganglions may also be the seat of an inflammation, and afterwards the point of the commencement of an abscess, although they are very few in number, and the deep seated ganglions are infinitely less susceptible of inflammation than those situated superficially. We have then the same accidents as in inflammation the ganglions in the axilla; the neighbouring cellular tissue may participate in the inflammation, and finally form a very large depot, which fills the space.

There are, then, two sorts of idiopathic abscesses in this region, some commencing by inflammation of the gutty tissue itself; others by inflammation of the ganglions; further, the symptomatic abscesses, which are very numerous, and may come from the pelvis, may be the result of disease of the womb, of the bladder, of the rectum, caries of one of the bones of the pelvis, or of one of the vertebræ, of an organic lesion of the colon of the kidneys, &c. They may also be produced by caries of the great trochanter, of the body of the femur itself, of the tibia, of the fibula, they may be symptomatic of an inflammation of the articulation of the synovial bustæ; and their origin ought always to be investigated with care, for the prognosis will vary greatly, according to the point of departure of this purulent collection. It is indeed evident that there can be no comparison, in regard to the gravity of the disease, between an abscess resulting from inflammation of the cellular tissue, and that from a caries of one of the vertebræ, a disease of the chest or abdomen or a caries or necrosis of the bones of the pelvis, of the thigh or of the leg.

But independent of the source of origin, an abscess of the popliteal space ought always to be considered as a serious disease; for taking even the most favorable case, such as a phlegmon of the cellular tissue, we cannot give issue to the pus until it has formed in considerable quantity; before this period we dare not plunge a bistoury into this region, from a fear of wounding the important organs; now it is very difficult that after a long attempt some sinisses do not form—some purulent collections which will not easily be drained; and further, when, after all the pains, and, perhaps, several counter-openings of the cicatrization, the cure will not be complete; for the cellular tissue will be either destroyed or indurated in several points, the movements will remain difficult, and perhaps there will be a false anchylosis. We see, then, that abscesses of the popliteal space, with the most favourable supposition, is always a disease to which we must attach a troublesome diagnosis.

The treatment offers some embarrassment: two incompatible things are in some sort necessary. The abscess ought to be opened immediately the pus is formed; nevertheless, we dare scarcely proceed to make this opening until the abscess has acquired a considerable developement. If we could, indeed, give issue to the pus when it only existed in small quantity, there would be neither sensible loss nor induration of the cellular tissue; the wound would close without any troublesome consequences: but who dare plunge a bistoury into this region before having well recognised the purulent collection, exposing yourself to making wounds of the most dangerous description. Indeed we must in these difficult cases seize all the symptoms. The fluctuation is not always easily felt, but there are other signs which announce the formation of an abscess. Thus, if the subject is young, of healthy constitution, and if the inflammation is acute, suppuration ought to exist at the end of ten or fifteen days, although on feeling the part we only feel a degree of induration.

When, after a careful investigation, we have ascertained the existance of a purulent collection, we must choose a point where to open the abscess, but we must remember that if, in making the examination to determine the fluctuation, we press with the fingers upon the middle of the popliteal space, the pus escapes towards the side and cannot be again found; if, on the contrary, we press on the side, the pus flies to the middle; so that this investigation becomes insufficient. To obviate this inconvenience, it is necessary that the sides of the space be previously embraced by the hand of the surgeon or of an assistant, or that the middle part be firmly pressed so as to force the pus to accumulate in one point. This being done, we must give issue to the fluid with the bistury, but this is not without danger, and requires to be done with care. We know that the vessels we must avoid are situated a little more to the internal than to the external side of the space, and it is external to the vessels that the pus in general accumulates. We may divide the tissues layer by layer or all at once, and finally introduce a cataract-needle previously, and afterwards enlarge the opening with a straight bistoury.

What we have said upon abscesses of the popliteal space is sufficient to prove that these purulent collections differ essentially from all those situated in other parts of the body, and that they merit, whether from their serious nature, or from the difficulty of diagnosis, all the attention of the surgeon.

HOSPITAL DE LA PITIE.

ON THE ADVANTAGES OF REVULSIVE BLEEDING IN DISEASES OF THE UTERUS. BY M. LISFRANC.

THE advantages of revulsive bleeding in diseases of

* Some days after this Lecture, Professor Valpeau showed to the student a morbid preparation, showing the exactness of one part of his remarks upon this subject. The young girl, in the bed No. 2, had died. She was attacked, without any known cause, with gangrenous inflammation of the left leg; which quickly terminated in a large abscess, with separation of the integuments in a sphacelated state. When she entered the hospital, she presented towards the middle part of the leg a large opening, with sinusses running in different parts of the limb: indicating a deep-seated cause for these disorders. At this time the knee and popliteal space of the opposite side swelled. The swelling took on the character of an abscess, and it was easily perceived that the pus ascended to this region from the superior part of the leg. An opening was made at the internal and inferior side of the thigh. She was also attacked with an abundant diarrhœa, and in a short time sunk. The autopsy showed an extensive periostitis, with necrosis of the tibia and fibula, purulent sinusses ascending to the ham, and diffusion of the pus as far as the superior part of the thigh.

The young girl in the bed No. 23, on the contrary, with an idiopathic circumscribed abscess of the ham, an opening in which was made and gave issue to the pus—and the cure was not long in being effected. Finally; the man in the bed No. 11, presenting purulent sinusses extending into the thickness of the muscles of the leg; but as most probably, there is no periostitis, the disease is not so deeply-seated: he is much better, and a cure is expected.

the Uterus, have been so often proved by numerous facts which you have been enabled to witness in this hospital, that we may really be astonished at the opposition which some practitioners still make to this powerful therapeutical agent. To deny the revulsive effect of bleeding, is not only to annul the writings of ancient observers, such as Sylva, Bellini, Quesnays Lafage, who all admitted it as a practical fact of great utility, but it is also to take no account of the material proofs with which the experience of each day furnishes us, in favour of this same revulsion. What indeed do we do when we wish to induce menstruation in a woman? We apply leeches. But in what quantity? Do we apply ten, fifteen, or more? Certainly not; for we would thus produce a local depletion by the bleeding, and the appearance of the menses would be prevented. On the contrary, we place two leeches, three at most, on the internal and superior part of the thighs; nor must we allow the bites to bleed more than eight or ten minutes; when the menses will not be long in appearing.

Further, a woman attacked with uterine hemorrhage, which has resisted all other means; you cause two or four ounces of blood to be taken from the arm, and the hemorrhage is stopped. A bleeding to double the quantity would rather have increased than diminished this uterine loss. Is not this, I would ask you, a decided proof of the revulsive effect of bleeding? but we will examine this point point further.

Have you not frequently seen us apply here with success from four to eight leeches upon an indolent and stationary white swelling, with the aim to produce a slight excitement capable to revive the tissues, by determining to them a moderate flow of blood? or how is this effect produced which you have been frequently enabled to observe, if the leeches had not caused a revulsion of the blood upon the articulation of the organ affected?

Finally, if it is needed to give further proof to support these ideas, which I do not impose upon you, but of which I wish you to prove the value in the application of them, I would recall to your memory the death of a man, occupying a high station in the world, who was attacked with cerebral apoplexy, consecutive to the application of a small number of leeches behind the mastoid process, on account of a headache from which he had suffered some days.

These various facts which I have designedly grouped together, sufficiently prove that the revulsion by bleeding, far from being an imaginary physiological benefit, is a therapeutical reality of which science ought to profit.

In diseases of the uterus, every time that it is employed in a proper manner, that is to say, upon the point the furthest from the seat of the disease, as in the arm, which is the place chosen, and having care only to take two, three, or four ounces according to the idiosyncracy of the patient; it is rare that we do not observe a notable remission of the symptoms of the disease of the uterus; at the same time that a flow of blood takes place towards the supra diaphragmatic organs which is marked by the oppression in breathing, the palpitations, the headache, the heat and redness of the face.

To convince yourself of these results, you have only to interrogate the sixteen patients in the ward Saint Austin, in all of whom this revulsive bleeding was performed the same day—fourteen of whom felt a notable amelioration in the symptoms of the uterus, and the symptoms I have mentioned in the other superior organs.

In two only the bleeding did not produce any appreciable change.

To this *resume*, of which we could give you as repetition every month, I will add an account published in the Bulletin Therapeutique, by M. Forgel. You will there see that out of eighteen wymen, all afflicted with sub-inflammatory enlargement of the uterus: the revulsive bleeding was performed on the same day: eight of them had headache during several hours: one the night of the same day as the bleeding; and the others the next day. The headache had various degrees of intensity. In these eight women the uterine pains were much diminished.

Four felt this amelioration in the symptoms of the uterus, without any symptoms manifesting themselves towards the superior organs. In one patient, whose weak state precluded the extraction of more blood than one ounce of blood, the supra-diaphragmatic congestion could not be remarked.

Three felt strong palpitations of the heart, and heat in the chest, with diminution of the uterine pain.

And finally, three did not feel any alteration in these symptoms, which remained the same as before the bleeding.

The statistical enumeration of such results obtained by the revulsive bleeding is sufficiently conclusive to convince all those whose minds are not occupied by preconceived opinions. For you who studies medicine with the desire to know what is truly useful. Examine the patients who offer here a large field for your observation; collect the facts, and I do not doubt that their simple and logical interpretation will lead you to partake in our conviction of the efficacy of this thera-prutical agent, which you have seen us so frequently employ.

There is a just objection which opponents to the revulsive bleeding do not fail to urge, viz., by bleeding, you weaken, they say, the patient. Without doubt this will be the case where, forgetting the rules we have laid down, the physician has the imprudence to take, not only two or three ounces of blood, but double or triple that quantity. This copious bleeding, moreover, will have the serious inconvenience of interrupting the harmony of the nervous system, and produce a disturbance in the system in general, which will quickly show itself in the numerous and varied functional alterations. This latter effect will take place with much greater facility, as the organs are sympathetically predisposed to it, being placed under the morbid influence of the uterus.

To finish, however, this objection, I would advise you to read the Theses of M. Pasquet, defended in the latter part of 1837. You will there find facts which prove that small bleedings from the arm agree equally with poor and debilitated women, and that by repeating it at intervals, even near to each other, instead of weakening the constitution, the patients regained their general strength, their colour improved, and their health was re-established.

We must not, however, forget that this bleeding, in general, ought not to be practised more than once a month, after the termination of the menses.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 4th September, 1841:—

Epidemic, endemic, and contagious diseases	160
Diseases of the brain, nerves, and senses	137
Diseases of the lungs, and other organs of respiration	221
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	71
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	91
Old age, or natural decay	45
Deaths by violence, privation, or intemperance	22
Causes not specified	2
Deaths from all causes	788

SIDE-SLIPS FOR QUACK'S CORNER.—NO. XIII.

AURISTS.

"He starves at home, or practises, through fear of starving,
Acts which damn all consistence here."—*Anon.*
"The strolling tribe, a despicable race,
Like wandering rats, shift from place to place."—*Anon.*
"*The* DEAF *make* BAD *Patients.*"—*Lancet.*
"These fellows continue vagabond, and are despised."—*Erasmus.*
"Deaf Doctors should never move in a circle, for they always find their patients gone back again, and as bad as ever."—*Professor Abernethy.*

WE shall continue these papers with that one conviction irrevocably fixed in our minds, above ever being moved or shaken by any human power, that the diseases of the ear ought no more to be abandoned to a particular but *false* and *useless* class of pretenders, the MOCK AND SHAM AURISTS, than the diseases of the eye. Indeed, there is much more to be said against professing subdivisionists tampering with the ear than with the eye.

We left off with scotching those "varmints," the AURISTS, relative to their publications, advertisements, and the disgraceful and disreputable farragoes which these dung-flies are always circulating. The aurists are a set of despicable scribblers; and the hungry and needy scamps of the press, who play the suborned part of *Puff* in *The Critic*, and are the accomplices of the aurists in their villany of deluding and imposing upon the public, are like the receiver, who is worse than the thief.

We have observed, with the disgust and loathing of thorough contempt, whole columns of trash by these DONKEY-DOWN-CHAUNTERS, who form the mob or lower order of penny-a-line-magazine-and-newspaper scribblers, and what are ironically called "*gentlemen* of the *press*," though our friend Blackwood says "brusquely" that they are like *something else*, *i.e.*, "common blackguards and contemptible dockens" of the Sunday pops, erecting nothing but asses ears after all, like Judge Midas, to exalt their height. It is true that we have known many proprietors, or editors and joint-proprietors, of various London and country newspapers, who, being men of private respectability, and having no stake in the property of the country, and character in the eyes of the public, have been holy as severe in what they print, and as circumspect and worthy as other conscientious men. But, on the other hand, we regret that for long years, to our's, to every man's cost, who was beset by their obtrusions, we have known a Grub-street fry of editors dispatched into the country towns, whose hearts had been blackened, whose mouths had been adder-tongued, like the wild plant of that name that hides its head under the long grass of the wood and the mountain, as if it thought that because the tongue and head are hidden the body is concealed; and whose minds had been broken down by villany, debauchery, and vice, to the abyss of despair and disappointment, until their malice was at war with all the world. In twenty-five years, we have known and seen the ultimate fate of at least ten of these slangwhangers. A Captain W——, who was high in his Majesty's service, published his 'Travels in the United States.' We fit upon the book in a watering-place library, and read it. Therein he dwelt with great earnestness on the foul and infamous private characters of the American slangwhangers, who resembled the libellers of the most notorious London Sunday pops. They libelled the most respectable families in America, disturbed the peace of surrounding neighbourhoods, and gratified all the malignant passions of the scoundrel part of human nature. He said, that upon inquiry of the Americans who these miscreants

were, the reply was short—they were fellows from England, who had escaped the gallows, convict-ship, or hulks, and the most horrid pests of a liberal and free community and democracy. These fellows, for a dollar, they said, would not scruple to charge the most moral man in the country with an unnatural and nameless crime—with an infamous offence!

THE MEDICAL TIMES.

FUNDAMENTAL GOVERNMENT OF THE PROFESSION.—NO. II.

After fifteen years voluntary, but deliberate and grave consideration, we are of opinion that the second step of REFORM should be to remodel the present EXTERNAL or INSTITUTIONAL government of the PROFESSION, and adopt the principle of SELF-GOVERNMENT, upon the intrinsic ground that medicine and surgery are naturally and innately part and parcel of the Great Republic, or Democracy of Science and and Letters, and instinctively abhors CLASS and CASTE LEGISLATION. After our wretched experience of 316 years, we could very well dispense altogether with all CLOSE, IRRESPONSIBLE, SELF-ELECT, and SELF-LEGISLATING BODIES, by which the FEW have been enabled to render themselves the selfish, avaricious, and tyrannous OLIGARCHS and MONOPOLISTS over the MANY. We must do one of two things, either convert these antiquated, monkish, and anti-social bodies into open, enlightened, and liberal institutions, or, if they remain contumacious, filled with the evil spirit, and deaf as adders to the call for justice and good government, we must unite our NUMBERS into ONE BODY of one MIND, cement the giant but scattered masses of our physical and intellectual power, and make a HIGH MORAL DEMONSTRATION of what we can and will achieve. It behoves us, above all things human, to put down the exclusive denomination of individual despots and corruptionists, and not only those, but the many-headed Hydra of them in the Medical and Surgical Corporations. Indeed, we must break down the system of monopoly identified with the whole in every body and member of this polity. We shall continue to advocate strongly the REORGANIZATION of the PROFESSION, down to a certain grade, into a compact general incorporation, to be based upon the representative principle, so exemplified for working well by the old Norman usage, in the most Radical form, in Jersey and Guernsey, and so well approved, by modern experience, to be the acmé of government, the "*ne plus ultra*" of human perfection;—how far soever man and his feeble efforts at regeneration and renovation fall short,—very short,—of absolute perfection. Notwithstanding this sorrowful limitation, the representative system is incomparably more perfect, stable, and uniform, more favourable to the balance of power, reason, and justice, than any other exploded ancient or modern mode or system of bad or imperfect human government. We must correct the dissonance, discrepancy, and incongruity, which are the leading features of all our Professional Institutions, upon a broad and comprehensive scale. As to Senates and Councils, undefecated by patronage and corruption, whoever has read our 'Sketches of Colleges and Corporations,' and several articles since, will give us credit for having clearly defined and expounded the defœdations for which they merit dis-incorporation. We were equally surprised and delighted with the broad and liberal views, and the profound good sense, as well as sterling independence, with which the Delegated Councils and Deputations of the Associated Medical Reformers have acted in London. Our corrupt country has been governed by selfish and sordid Oligarchs and Monopolists, in every department of life, political and social, public and private. We have been borne down to evil, confusion, and suffering, by the power, money, and self-interested oppression of vicious individuals, of an EXCLUSIVE stamp and caste. A congenial band and gang in our own profession have co-operated with the bad spirit of the age, to the injury and destruction of our general interests as a WHOLE. We are rejoiced that under grim terror and perplexity of these times, a grand body of Associated Medical Men have had the moral courage and firmness to propose and urge the only gag to power, bad government, and exclusion, and all the blackest villanies of which the human heart is capable. It would be a work of supererogation to say more on this general head at present.

We are fully impressed with the conviction, that unless the whole spirit of the projected Reformation is fundamental, and the old Colleges and Corporations are thoroughly cleansed and purified, the Fuller and the Miller cannot go on harmoniously together, without cross purposes and conflicting phenomena. Indeed, without this indispensable conviction of a radical and efficient reform, we shall be better off without any reform at all, until we can get sufficient fact to have a suitable change. Unless the primary legislative measures are formed on extensive views and enlarged conceptions of Social Institutions, far better it were to leave all HALF-AND-HALF Reforms to the slow but unerring hand of time, and trust to that public care for the people's own health and safety, which, in spite of the moral perversion and the plausible lies of faction and party, will sooner or later open their eyes, and carry themselves strenuously on the right side, that is, on the side of TRUTH, LIGHT, and REASON. Give time to public opinion, and, however bamboozled, it cannot be misled for ever. It will spontaneously detect, as last, the difference between RIGHT and WRONG, and combine upon this difference between these two against craft, sophistry, and villany. We agree with Dr. Hardy, that "there exists in the public mind a natural perception to discover truth and detect falsehood,—and a natural bias which ever inclines them towards the former." (*Dedication to Lord Henry Petty, Dublin, 1807.*) There has been some endeavour to recommend compromising and pusillanimous principles, and so deal a heavy blow and great discouragement on all sincere Reformers. But however ingenious, satirical, or terse the Anonymous Writer or Anonymous Association may be, they exert little influence, except by distracting council by the form of some words without knowledge or fixed principle. It is false policy to sing small, and ask but for little. We must demand our emancipation and relief, without the veto or the wings; and, perhaps, we repeat again, it may be time-serving but admissible expediency to take fifteen shillings in the pound, if we cannot get twenty shillings all at once, with change and interest into the bargain. So far we concede, but no further. Mr. O'Connell's ideas and plans are the best in these matters. At the same time we acknowledge the classical talent and fine point of 'PROBE,' but suspect his *division-making* party have a certain aim at existing *internal discord* among the Reformers.

Mr. Warburton has proposed a COLLEGE of MEDICINE by Incorporation of the Profession into a Representative Body, with LAY MEMBERS; Dr. Forbes has proposed another, and an abatement of Mr. Warburton's. Mr. Wakley has proposed also ONE FACULTY, of a *very wide* range; and the BRITISH MEDICAL ASSOCIATION has *called for* "an UNIFORM NATIONAL SYSTEM of REPRESENTATIVE MEDICAL GOVERNMENT, with a view to insist upon the adoption of a higher and uniform Standard of Preliminary and Medical Education;—to insist upon an equal enjoyment of Professional Rights and Privileges;—to oppose and remove all Professional Grievances, and all Abuses in Medical Affairs;—to oppose all dishonourable or unprofessional conduct;—to promote the welfare and prosperity of its own Body, and to uphold the dignity, respectability, and usefulness of the whole Medical Profession."

As our own life-long principles generally tally in natural affinity with theirs, we are now a member of that body, and coincide, for the most part, with them, in our fundamental views of Reform.

The Colleges and Corporations have submitted, or will submit, their various propositions of Self-Reform. We shall analyse and discuss these as they come off, and as we are to have a DO-NOTHING Parliament till after February, 1842, we shall have time to take every successive and material topic into due consideration, during the dead months of the year.

NOTES ON THE TREATMENT OF CHRONIC PLEURISY, WITH EFFUSION.

BY THE LATE JAMES HOPE, M.D.

The following paper must possess a high interest for our readers, when we inform them that it was commenced by Dr. Hope, during his last illness, and concluded on his death

hed. Unable to complete it as he could have wished, he was compelled to dictate it in the shape of notes, which he finished only four days before his decease. To those who knew Dr. Hope well, this zeal for science and his fellow-creatures will occasion no surprise. It was consistent with the character of the man, who died as he had lived, an accomplished physician and a good man.

The symptoms of chronic pleurisy, with effusion more or less filling one side of the chest, are perfectly well described by systematic writers, as Dr. Law, (Cyclop. Pract. Med. p. 395 *a*,) yet there is no class of affections more habitually overlooked by the bulk of the profession than this—certainly one of the most destructive to life, if neglected beyond a certain period. I am glad to notice that Dr. Stokes makes a similar remark. Some fault attaches indeed to the systematic writers alluded to, for their mistaking the state of anæmia, with its quick pulse, for irritative fever, by which they not only mislead themselves, but also their readers, as to the nature of the patient's condition, and, consequently, as to the appropriate means of cure. It has resulted from this, that a far too unfavourable impression of the curability of chronic pleurisy with effusion, or empyæma, as it is called after a certain time, has become prevalent. Dr. Law thinks more favourably of the possibility of cure. He with justice, however, excepts tubercular cases, and those in which the patient is not assisted; yet I think that he is mistaken in supposing that a copious evacuation from some other organ may not occasionally prove critical and empty a chest. A case occurred to me in which absorption did not commence as soon as I expected; namely, within a week, when the patient was attacked with hypercatharsis to the amount of 60 watery evacuations in two days. The chest, meanwhile, which was dull within two inches of the left clavicle, and had the heart protruded to the right side of the sternum, had completely emptied itself, and the patient recovered.

Broussais met with only one favourable case out of eighteen. Laennec's view was equally gloomy, and Dr. Townsend's is no less so: Dr. Thomas Davies feels the same so strongly, that he hurries on the operation of paracentesis at a very early period of the disease—a circumstance which is the main cause of the unusual success of the operation in his hands. From this aggregate of unfavourable opinions it results that, at the present time, there is a prevalent doubt whether the fluid of empyæma is ever absorbed. This fluid, it may be remarked in passing, may be either sero-fibrinous and albuminous, or contain pus in any degree up to its pure condition. This seems to be now a settled question, and I think it ought to be so, as the fluid, in healthy subjects, kills not by its quality, but by suffocating.

I cannot feel surprised at this want of success in the cure of empyæma, when I notice the unsettled, vacillating, inadequate treatment recommended even by those writers who think most favourably of the possibility of a cure.

Dr. Law's treatment comes nearest to that which I have found effectual, but he is too timid in continuing the gentle use of mercury, from fear of its inducing irritative fever and hectic. This supposed irritative fever, however, is, in most cases, nothing more than excitement of anæmia, (a fact of which he does not seem to be at all aware, as even in the convalescent period, he does not even name iron as a remedy), and the hectic is a necessary consequence when the fluid is pus, and this is diffused through the whole circulation by the progress of absorption. I have steadily continued the gentle external of mercury through the most violent hectic coming on twice a day in tremendous paroxysms; while I have counteracted this by the free use of mineral acids; and by a diet, not only of strong broth at luncheon, but of animal food at dinner—the patient's tongue being clean, and his appetite and digestion always good.

Dr. Townsend seems principally to follow Broussais (phlegmasie chronique) and Laennec, neither of whom make use of mercury, and the former would only venture on a blister as an experiment! He, likewise, falls into their great error of mistaking anæmia for fever, and therefore starves the patient at a moment when there is a great demand for animal nutriment in any way in which it can be borne. The treatment of Dr. Thomas Davies is that of calomel and opium, and counter-irritants in the first stage, but he thinks these inefficient in the stage of chronic effusion. He, therefore, as already stated, hurries on the operation of empyæma. The writer on pleurisy in the 'Library of Practical Medicine' (Vol. III. p. 124) seems to have but an indifferent opinion of the curability of chronic pleurisy with effusion. After the third week or so, he thinks mercury of little benefit, and that it is even injurious when the hectic stage comes on; but approves of counter-irritants, and follows Dr. Stokes in his approbation of the use of the hydriodate of potass, to act both as an alterative and a diuretic; also of the iodide of iron.

Dr. Stokes, whose writings on pleurisy I had not the pleasure of seeing till long after I had commenced my own observations, I find to be far the most successful in his treatment of chronic pleurisy and empyæma. In an excellent chapter, containing a considerable portion of original matter—some, perhaps, a little fanciful—he mentions that he cured twenty cases running, by the use of a pint daily of cold solution of Lugol's iodine, and from a quarter to half an ounce of the ointment rubbed into the side. He is, likewise, very favourable to the use of blisters.

I have myself been instrumental in curing thirty-five cases consecutively, during the space of four years, but principally two years and a half, while I was assistant-physician to St. George's Hospital, no cases having been withdrawn, or added from an anterior date, except three; the 1st was Mr. Garnett, whom I saw about 1833, who had also fatal ulceration of the bowels; the 2nd, the Rev. Mr. ——, whom I saw about 1833; the 3rd, an out-patient of St. George's, whom I found to have tubercular disorganisation of the lungs, and whom I, therefore, transferred to Dr. M'Leod, as an in-patient of St. George's. Paracentesis was practised; the tubercles were found; and he died from inexpansion of the lung; which was bound down to the spine. The remainder of the cases all dated within three months, as well as I could make out by most carefully catechising the patient respecting the first feeling of pleuritic pain or ailment of any kind. The pain was frequently forgotten, until the patient was perhaps asked whether he had not had a little lumbago, pain in the back, &c. Nor is this surprising; for copious effusion very soon relieves pleuritic pain. A very great proportion dated within two months, and from that time down to three weeks or a month. I seldom saw them earlier than a month, as they were either neglected and misunderstood cases amongst the out-patients of St. George's, or private patients whom I was called to see in consultation at a late period of the disease; the complaint of the latter having, with few exceptions, been also overlooked.

The following is a list of the previous duration of the disease in all my private cases, amounting to seventeen; but I lament to say, that I cannot at present give the dates of those, eighteen in number, who were out-patients of St. George's, and the notes of whose cases I drafted out of 15,000 notes of cases, which I saw at St. George's (for I took notes of almost all). The notes of these eighteen cases having been separated from the others, I have unfortunately mislaid them. Unless, therefore, I recover them, I must trust to the confidence of the public for the accuracy of the facts. They were all demonstrated, as they occurred, to the students of St. George's:—

Coachman of Sir Clifford Constable's, ill a fortnight, but previous bronchitis.
Miss Caldow, ill from two to three weeks.
Robert Watts, ill eighteen days.
Mr. Smith, ill three weeks.
Mr. Tapson, ill a month.
Patrick Millerick, ill a month.
Mr. Eade, ill five weeks.
Mr. Garnett, ill six weeks.
Henry Wade, ill two months.
Mr. Downing, ill two months.
Aldersgate-street student, under Mr. ——, for supposed phthisis—had supposed lumbago nine weeks before.
Miss Miller, disease of ten weeks, standing for two months.
The Rev. Mr. Barter, two months and a half, but previous pneumonia.
Mr. Hamilton, ill three months.
Eliza Gray, ill three months.
Mr. Morgan, stitch in back three months before. Ill ever since.
The Rev. Mr. ——, ill upwards of three months.

As I have not leisure to continue this paper at present, I subjoin the following memoranda of how I shall proceed, if time permit.*

The private cases, being in great detail, and in general features greatly resembling each other, it would be useless to give the whole in full. Therefore, pick out a few which give at length, as general types—for instance, Miss Miller, Mr. Morgan, and Sir Clifford Constable's coachman—the remainder insert in an abbreviated form, together with such of the out-patients of St. George's as I can recall to memory, though I have lost the notes of their cases.—Shew that I used mercury in all degrees of intensity, so as to ascertain what quantity was the most effectual, but at the same time least injurious.—Shew that I always used opium, in full proportion, with the mercury, and that I used the milder and the external forms when the others could not be borne—thus taking *especial* care to protect the mucous membranes. Add, that I found prompt and free salivation by calomel and opium, and the use of one or two drachms of ointment on each groin, and axilla night and morning for forty-eight hours (in conjunction with the other remedies presently to be specified,) produce the most rapid and satisfactory effects of absorption in cases where the dyspnœa and faintness seemed to me most urgent and dangerous. It was quite common, and in fact, occurred in the majority of cases, that the fluid descended one-third, and still oftener one-half, down the chest, within the space of forty-eight to sixty hours, carrying with it the extreme dyspnœa and faintness to the great relief of the patient.

Say that blisters were used from the first, and that the following became my settled plan of managing them. One blister six inches long, and three-and-a-half broad, exclusive of margin, was placed longitudinally over, and a little to the outside of the angles of the ribs, leaving space for another of a similar size between the first and the spine. Great care was taken not to remove the cuticle (one means of which was

* It will be observed that, from this point, the form of private notes is adopted.

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to cover the surface of the blister with silver paper), as this forms by far the quickest healing plaster; but after about forty-eight hours, during which the running was absorbed by dry napkins, carefully prevented from adhering, it became requisite to cover the whole with the mildest soap plaster, spread on soft calico, to prevent the cuticle from being accidentally abraded. In this way all irritation promptly subsided, that is, in the course of from two to three days, and the patient was ready for the second blister, which was placed between the first and the spine. It was similarly treated; and, at an equal interval, a third was placed in front of the original one; that is, rather forward in the axilla. When pain indicated the possibility of a pleuritic stitch in any part of the side, it is needless to say that the first blister was placed over that.—Say that diuretics are conjoined;—viz., Squill; Sp. Æth. Nit.; juniper; iodide of potassium, and, when there is no irritation of the mucous membrane, the various other preparations of potass. Digitalis, by creating faintness, is apt to confuse the symptoms; I do not, therefore, use it till later. Where all these remedies had failed for two or three days, and dyspnœa continued as urgent as ever, I have occasionally used a powerful hydragogue, as half a grain to a grain of elaterium, combined with calomel and capsicum to prevent nausea; or the pulv. jalap. comp. ʒj.; so as to produce ten or twelve copious watery evacuations per day, stimulants being at hand in case of any sinking tendency. The effect of this has on several occasions been perfectly satisfactory, absorption in the chest having now made rapid progress. I derived this idea from a case already alluded to, in which a patient had an accidental hypercatharsis to the amount of sixty stools in two days, which emptied the chest in the same space of time. The patient is better in bed, both because it favours gentle transpiration and obviates faintness.

Remind that, hitherto, I have been treating a case in which the dyspnœa seemed imminently dangerous, and the most vigorous use of remedies consequently indispensable; but now explain that inconvenience sometimes resulted from hypersalivation; for, notwithstanding an immediate suspension of the mercury, either on the first appearance of tenderness of the gums, or of amelioration of the symptoms—especially the dyspnœa and obvious commencement of absorption, untoward salivation would occasionally occur, and greatly retard the convalescence. — Explain that, on several times observing this, and having reason to believe that the patient could bear the dyspnœa with safety for some hours longer, provided he were prevented from rising, which creates faintness (case of Mr. Smith, barrister), I used more moderate quantities of mercury, being content to affect the gums within three or four days. In this way, the action of the remedy was easily controlled, either by omitting the mercury for two or three days if its action threatened to be considerable, or by merely diminishing it according to the evidence of the mouth and of the symptoms. I found, however, that it did not answer to suspend it altogether, but that a continuation of it daily in a mild form, as a blue pill night and morning, or at night only, for the purpose of maintaining the first impression for a period of two or three weeks, or, in short, until all the disagreeable symptoms had disappeared, was attended with far better success.—Explain, further, that the great acceleration of pulse, which rises commonly to 120 or 130, and in young persons even to 150 or 160, and which is attended with what the patient calls "internal fever," thirst, craving for cold drinks, and dryness and heat of skin, is not necessarily a result of fever, but it is necessarily a result of anæmia, occasioned by the deficiency of oxygenation from the total incapacity of one lung at least. Here was the error made by Broussais, who supposed this to be fever, and put his patient on the lowest diet. On the contrary, acting on the opposite principle, I always supply my patients with at least one or two pints of concentrated beef tea, or plain ox-tail soup; and if the state of the tongue and the alimentary canal fully authorizes it, I permit them tender old mutton or beef for dinner. On this treatment, the pulse and "internal fever" rapidly fall in proportion as the anæmia disappears.

Next proceed to those cases in which hectic is established, resulting, for the most part, I should imagine, from the fluids being of a puriform character—for, after a month or six weeks, and sometimes much earlier if the inflammation have been very intense, it assumes this character. Allude to the opinion pretty prevalent, that mercury is injurious in such cases, and say that I have not found it so, but that its use was still indispensable: for I have noticed that where it has been omitted, contrary to my wishes and instructions, a recurrence of the effusion has taken place, notwithstanding the use of mineral acids and the various other remedies usually considered available against hectic; whereas, on resuming mercury with opium, and giving the mineral acids for hectic. I have been enabled to restore matters to their former condition, though not without an extra shake to the patient. One of the best instances of this was presented by Sir Clifford Constable's coachman. Dwell on this case; say that, after acute pleurisy of three weeks, I saw him, and the chest was emptied in a week, but the mercury ordered to be continued. This, on my taking my leave, was omitted; and, as he seemed weak (viz., merely from anemia), he was ordered ammonia, brandy, and other stimulants. In ten days, when I was again called in, his chest had re-filled, and he now had a most violent hectic paroxysm at eleven o'clock, A.M., and again at 11, P.M. Each of these thoroughly drenched him, and during the extreme heat the pulse would rise to 150, being also barely perceptible. In this I saw nothing but a large quantity of pus in the circulation, which nature was endeavouring to throw off in her usual manner. I believed, in short, that the fluid in the chest was wholly purulent. I therefore continued the mercury and blisters in moderation, and made free use of the mineral acids, which, fortunately, he bore perfectly well. During the brief intervals of the hectic paroxysms, he exhibited that marked relief which we habitually see, and had always a keen appetite for his meals. He, accordingly, took as much mutton-chop, beef-steak, or roast or boiled mutton, as he was inclined to take.—Under this treatment, the chest was again emptied within the space of ten days; the hectic symptoms slowly gave way during a period of a month or six weeks, and I dismissed him convalescent to go to the country. I may add, however, that when the hectic was nearly gone, sulphate of iron was added to his sulphuric acid in order to co-operate with the animal food in removing all remains of anæmia.

Dwell likewise on the case of Mr. Morgan, æt. about 20, who was not only highly hectic, but had also slight gastro-enteritis. I continued the gentle external use of mercury, allayed the irritation of the mucous membrane by mild antiphlogistic means, &c., but allowed him plain veal and chicken broth, then beef-tea and mutton-broth, in such quantities as I found he could bear. The gastro-enteritis having been thus pretty well subdued, he became tolerant of the mineral acids and sulphate of iron, well guarded with laudanum. This youth rendered the progress of absorption more rapid than in the preceding case, for the fluid all disappeared within ten days, with entire relief to his dyspnœa; and so great a restoration resulted from the new supply of oxygen and removal of anæmia, that a week afterwards he came in a cab from the City to the West-end to call upon me.

Auscultators should be careful not to throw away their chances by neglecting to use the stethoscope.—In one instance, an accomplished physician, having examined the top of the lung and found it dull, with the other usual signs of induration, without following up his examination down the whole side, took the case for phthisis, and ordered the patient to the southern coast. A common friend having mimicked to me the mode of breathing of the patient, I declared at once (for his imitations were most graphic), that such was not the dyspnœa of phthisis; and as I knew him not to be a phthisical subject, and to have been in robust health two months before, I entreated of our friend to go down to the patient in the country the same afternoon, and not to let him stir (for he was to start two days after) without a consultation of physicians. I declined going myself, as having suggested the measure. Answer was returned that if I would not go, he would see no one else, as he had originally intended to have consulted me. I saw him and found—what I was before sure of; namely, that the whole side was full of fluid, indicated by the usual symptoms, including anæmia and the physical signs. I flattered him that we should empty the chest within a week or ten days, and that he would be convalescent (Deo volente) in a month. So it happened, though mercury could only be borne externally, and that with great reluctance on the part of the patient. His convalescence was somewhat protracted, in consequence of the irritable state of the mucous membranes, rendering them incapable of bearing the animal diet, and ferruginous preparations suitable for the removal of the anæmia. He had flying pains, principally about the region of the heart, but these ceased under the use of plasters, especially belladonna; and he has enjoyed perfect health for the past year.

In the great majority of cases, an attrition murmur (always most perceptible along the line of the margin of the lungs from the heart, curling backwards to the bottom of the lower lobe; in other words, below the axilla) was found to appear as the fluid disappeared by absorption. I have noticed that the longer this attrition murmur lasts, the better; as the adhesions are more apt to be of a loose and elongated character, which I infer from the patient's recovering complete resonance on percussion, and complete restoration of respiratory murmur sooner than in other cases where the attrition murmur lasts but a few days, in consequence, probably, of the adhesions becoming universal and close. Whenever the latter is the case, the patient may lay his account to being more or less delicate for a year and a half or so; because the lung requires fully this time slowly to stretch the adhesions, to re-acquire her natural respiratory murmur; or, if this should never occur, for the patient to gain a compensation by hypertrophy of the opposite lung, which, meanwhile, has constantly been doing vicarious duty; namely, breathing in an exaggerated or puerile manner. These exquisite arrangements of Providence cannot be sufficiently admired. The more we look into them, the more complete we find them.

The lung sometimes remains permanently condensed, from the thickness and utter inexpansibility of the side: and dilatation of the bronchi may result from this cause, of which I have met with and detected four or more instance

Condensation of this kind is less frequently attended with falling in of the side than in cases of pleurisy; for the opposite lung slowly becomes hypertrophus and fills up the vacant space, advancing, however, into the opposite side of the chest, and carrying the heart with it in either direction. Thus, in Peter Parker, an out-patient of St. George's, the heart is protruded almost into the right axilla, and the aorta pulsates an inch to the right of the sternum. Lung condensed by adhesion, is rarely healthy. There is almost invariably a slow, wearing, chronic bonchitis, which harasses and reduces the patient, and generally curtails his existence. Parker had had his cough for ten years, and he was an emaciated and decrepid subject.

Here introduce a number of detached observations, more or less original, on various subjects. Thus, for eight or ten years, I have been in the habit of asking the question of all respectable patients of robust constitution, who had been attacked with pleurisy, peripneumony, acute rheumatism, whether they were in the habit of wearing flannel, or not; to which they generally answered in the negative—the common reason assigned being, that they were so much exposed that they could not venture to pamper themselves. I recently put the same question to a London physician, and he gave the same answer, with a smile, and "my dear friend, it is impossible," &c. He was attacked with rigors the same night, and had a severe rheumatic fever. I do not quote the poorer classes, for they, almost universally, are deterred from wearing flannel by the expense, and it is notorious that they are subject to acute inflammations of all kinds, in a much greater proportion than the higher classes. Flannel is also highly beneficial to chronic affections of the mucous membrane of the lungs.

Pleurisy is, after rheumatic fever, one of the most frequent causes of pericarditis—not endocarditis, at first—the inflammation being propagated to the pericardium by contiguity of tissue: if endocarditis supervene, it is by propagation from the peri- to the endo-cardium.

Diaphragmatic pleurisy may occasion agonizing pain, by interfering with the action of so great a muscle as the diaphragm. It is in such cases that we occasionally see the patieht put on what is called the sardonic grin, a species of sympathetic spasm, dependent on the excito-motory system and nerves.

In some convenient part of the paper, give a brief and compact, but very clear synopsis of the signs of a chest full of fluid. For I repeat that, well as these are known to systematic writers, they are singularly forgotten and overlooked by practitioners. They ought, therefore, to be pushed prominently forward on every occasion. Refer, likewise, to a synopsis of the signs of anæmia in the essay on that subject; by which the practitioner will readily distinguish this condition from that of fever, for which it has been mistaken by Broussais and others.

Wind up by a general statement, that, if Doctor Stokes has cured twenty cases running, by Mons. Lugol's solution and ointment of iodine, together with blisters and other means; and I have cured thirty-three consecutive cases by other means; fifty-three cases cured successfully without selection, afford a strong presumption that all really *curable* cases are curable without paracentesis. It remains to be proved by experience whether iodine or mercury be the less injurious to the constitution. I have myself the most favourable opinion of the harmlessness of the iodide of potassium when protected by starch—that is, a little bread with each dose; for I made the experiment of giving eight-grain doses against three-grain doses, in two hundred cases, for the purpose of ascertaining which dose was the most efficacious. The larger, both being given thrice a-day, succeeded incomparably the better, and I now rarely give the smaller.

I have met with seven or eight cases of circumscribed pleurisy, and whenever a chronic pleurisy becomes very protracted, I am not sorry to see a purulo-sanguineous discharge take place periodically, as it generally does, into the bronchial tubes; for, in this case, a slow process of healing generally occurs, and the patient, in a fair proportion of cases, recovers. I have recently discharged one, Henry Wade, who appeared to me to have had a chronic pleurisy engrafted on a previously circumscribed or sacculated one. The history of the chronic one is developed in my journal in the utmost detail; but the patient also informed me that some months before he had been under the care of a physician in Norfolk, who had treated him for six months previously for a discharge of half a pint of pus mixed with blood, expectorated once a day from the bronchial passages. After this time he sent him to London to consult me, and I found him with very circumscribed empyema that he might have had, obscured by general empyæma. This having been removed, the original circumscribed empyæma pointed at the chest, and discharged by two or three apertures. When the discharge was free by the apertures, it was correspondingly diminished by the bronchial tubes. Both slowly decreased. The circumscribed empyæma seemed to descend very slow in the splenic region, and after nine months of hospital attendance as an in-patient, he was dismissed without discharge, with slight cough and in general good health, his weight being at least 12 stone, though a moderate-sized man.

I discharged a patient from the Mary-le-bone Infirmary, cured six times of circumscribed empyæma above the left mamma, and opening into the bronchi. At the end of six months he was completely well.

In another, in the Mary-le-bone Infirmary, the whole length of a probe could be passed directly into the chest. He recovered, but with much collapse of one side.

A third, in the Mary-le-bone Infirmary, a boy of 18, had effusion for six months. My colleagues, in consultation, had given their opinion that he was tubercular. The operation of paracentesis, therefore, was negatived. The opposite lung was soon after attacked with peripneumony and he died, when the exemption from tubercles was proved. I did not then understand an efficient treatment for fluid in the chest; and was therefore an advocate for the early operation, on the principle of the late Doctor Thomas Davies, of Broad-street. I had much regret, therefore, respecting this case, that the operation had not been performed. One feature was remarkable. Andral, Broussais, and others, recommend that patients in chronic pleuritis should be kept on light diet. This youth ate twelve ounces of dressed meat at dinner; eight ounces at breakfast, with two eggs; tea and milk ad libitum; sixteen ounces of bread daily.

Numerous similar cases show that nature's mode of performing the operation is incomparably more safe than paracentesis.—*Med. and Chir. Review.*

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

SEVERE LACERATED AND CONTUSED WOUND OF THE HAND.—QUESTION OF AMPUTATION.

Clinical Remarks by Mr. Arnott.

JOHN HANNAH, aged 18, was admitted Dec. 14, 1840, at 11 A.M., under the care of Mr. Arnott, his left-hand having been caught between the cog-wheels of a sausage-machine, was terribly lacerated. The hand had been jammed so close, that it was necessary to remove one of the wheels in order to release it. On the posterior surface the skin was extensively torn; the head of the middle metacarpal bone and the greater part of its body were exposed and partially denuded, and at about the centre of the shaft it was splintered and the sides driven in. A narrow slip of the skin was left between this bone and the metacarpal bone of the ring-finger, which was also exposed, but not otherwise injured. A small artery spouted out blood pretty freely, but was easily stopped by pressure. A finger might be thrust deeply into the wound between the metacarpal bones, and be made almost to emerge on the palmar surface. The metacarpal bone of the little finger was also extensively exposed and partially denuded. There were several deep and extensive lacerations on the palmar surface, and one at the inner side of the wrist, but it was uncertain whether it communicated with the joint or not.

In reference to what was to be done in this case, Mr. Arnott observed that the following considerations presented themselves to the mind. The injury was a very serious one; a good deal of skin was destroyed; the metacarpal bones were exposed, and one of them quite smashed; the laceration at the wrist was deep, and might, probably, communicate with the joint. These circumstances seemed to indicate the propriety of amputating above the wrist. But, on the other hand, the patient was young, his habits had been good; there was a doubt as to the wrist-joint being opened; the loss of a hand was a very serious matter, and it was worth while going through a good deal for the chance of preserving it. Could not a part of the hand be saved? The outer three fingers might, indeed, be removed, but so much skin was destroyed, that after their amputation there would not be sufficient of the skin left to form a covering for the metacarpal bone of the index finger; and although the metacarpal bones of the ring and little fingers were stripped to some extent of their periosteum, yet at so early a period of life they were so vascular that the bones would possibly granulate without exfoliation.

It was, therefore, under these circumstances, determined to remove the middle finger with its metacarpal bone alone, to leave the parts open, so that no matter could collect; and then, if it should be necessary, to resort to amputation of the forearm at a future period. The operation was performed about two hours after the accident. The metacarpal bone was removed from the back of the hand, so that the palmar integuments were left untouched. The wounds were left open; the arm and hand raised on pillows, and the water-dressing applied. To have a saline draught, containing tartarized antimony, every six hours.

15. Has passed a tolerable night, and without much pain. To have fifteen grains of the compound jalap powder.

16. Tongue foul, some fever. To have four grains of calomel at bedtime.

17. Going on well. Poultices to be applied instead of water-dressing.

19. Doing well, but complains of some degree of pain, and a tingling sensation in the ring and little fingers. A single strap of adhesive plaster was applied round the hand, so as to approximate the parts and the edges of the wound. To have a compound senna draught.

21. Hand doing well. Bowels confined; tongue foul; he complains of some pain in the head, and uneasiness in his bowels. To have five grains of calomel directly, followed by an aperient draught.

25. Doing well; is allowed two ounces of wine daily, and takes a tonic mixture.

28. Improving; there has been matter collecting on the palmar aspect of the ring-finger; it was evacuated to-day with a lancet. The patient, after this, went on favourably, and on the 25th of January he was made an out-patient. He had been placed on good diet, and took tonics for the last few days.

Every part subsequently healed except the point on the ring-finger where the opening had been made. The wound over the space on the back of the hand, between the metacarpal bone of the little and ring-fingers, has been covered with a scab for a fortnight, and no discharge has taken place since, so that it may be inferred that the soft parts have become united to the bones.

SEVERE PUNCTURED AND LACERATED WOUND OF THE RECTUM.

George Morley, aged 22, lamplighter, was admitted January 20, 1841, under the care of Mr. Arnott. He was admitted into the hospital at five, P.M.

Shortly before his admission, as he was about to descend his ladder after lighting a lamp, he slipped, and became impaled on a spike on the top of a door which had flown open whilst he was engaged in lighting the lamp.

There was a wound on the right side of the rectum, into which a finger might be introduced its whole length. It had also extended into the rectum, and divided the sphincter muscle. Flatus and fæces escaped from the wound. A band was left which Mr. Arnott divided with a bistoury, in order that the grumous blood which had escaped from the torn veins and filled the wound, might have free exit. The patient was unable to pass water, but when a catheter was introduced into the bladder, the urine passed through perfectly clear, and thus satisfactorily proved that the bladder and urethra were uninjured. He complained of a cough, which, he says, he has had for a week or more, but in other respects he appears a healthy young man. To have five grains of calomel directly, followed by half an ounce of castor-oil to-morrow morning. Fomentations to be applied to the wound. When the pulse got up, which was in the course of the evening, he was bled to sixteen ounces.

21. Bowels have acted several times. Pulse rather quick. To have a saline draught, with tartarised antimony, every six hours.

22. He does not appear so well this morning. The pulse is quick and small, the countenance turgid and of a livid hue, his breathing distressed, and his tongue foul; the respiration is partially sibillant. There is a quantity of fœtid matter and sloughs coming away from the wound. The wound to be frequently washed out. Continue the saline medicine.

Evening.—A good deal of slough has come away, and a poultice is now applied to the wound. He seems altogether better. His countenance is improved, his breathing more free, and his pulse quieter. One of the glands in the right groin is swollen.

23. Going on favourably. The wound looks well; sloughs are coming away; feels easier; passed a good night. Eight grains of mercury and chalk at bedtime. Half an ounce of castor-oil in the morning.

24. Going on well. Bowels open.

25. Wound doing well, but there is still some foulness of the surface. Has now some power in retaining his fæces, which before passed involuntarily.

26. Doing well since last report.

27. The sloughs have separated, and the wound, which is very deep, looks well. Bowels confined. Repeat caster-oil.

Feb. 5. In referring to this case, Mr. Arnott observed, that the first question which presented itself on the man's entrance, seeing that the wound was deep, was, what parts, beside the rectum, were involved in the injury. Was the peritoneum, the bladder, or the urethra, or were any of the large blood-vessels of the pelvis, injured by the accident? With regard to the peritoneum, it was quite impossible to determine, on the man's admission, whether or not this important membrane had sustained any lesion. It was true that the patient was in great pain, and complained of much suffering in the lower part of the abdomen, suffering which was aggravated on pressure; yet, though these symptoms were undoubtedly suspicious, they were by no means conclusive evidence on the subject.

Nothing, then, except fomentations, were employed for some hours after his admission; no aperient was given, for if the peritoneal cavity were opened, and a coil of bowel within it punctured, purgative medicine, by exciting the peristaltic action, would have done positive injury, as it would have favoured the extravasation of feculent matter into the cavity of the abdomen, and would thereby destroy the adhesion of the wounded intestine to the neighbouring parts, on which adhesion rested the best chances of safety to the patient. In the evening, when it had become probable that the peritoneum had *not* suffered, a dose of calomel was given, blood having been previously taken as a precautionary measure. It was of great importance in wounds of the pelvis to decide whether or no the bladder was injured. In this case the man was asked to make water. He tried, but could not make a drop. It was alleged, however, by one of the nurses, that she had found the wound wet with urine. The introduction of the catheter settled the question; the urine drawn was quite clear; there was no wound of the bladder.

There was no reason to suppose, from the amount of blood lost, or its colour, that any of the large pelvic vessels were involved. On the second day, the patient was in a very unsatisfactory state. There was an expression of countenance, a state of circulation, and a dulness of intellect, or stupor, which was not at first intelligible. On examining the wound, he (Mr. Arnott) found it plugged by a piece of grey cellular substance, and on pulling this away, a quantity of most offensive fluid and gaseous matters escaped. The wound in the integuments was enlarged, and the nurse was directed to syringe out its cavity several times a day with tepid water. In the evening the patient was surprisingly better. There was no doubt that he had been, to a certain extent, poisoned by the absorption of sulphuretted hydrogen which had accumulated in the injured parts, and that the free vent obtained for the gas, and the washing out of the cavity, had been the cause of the improvement.

Feb. 15. Says he is able to control his motions. This is doubtful; and if it is so at all, it is only when they are solid. Parts are granulating healthily.

16. Acknowledges that he cannot hold his fæces when they are fluid.

25. A collection of pus formed by the side of the tuberosity of the ischium. It was evacuated by the knife. The collection of matter communicated freely with the wound.

Soon after the last date, he left the hospital at his own request, and he gradually improved.

AMAUROSIS CURED BY IODIDE OF POTASSIUM.

H. Charlwood, aged 13 years, was admitted January 19, under the care of Mr. Arnott. He cannot distinguish, with his left eye, any object, and so complete is the loss of perception in this organ, that it is only where there is a bright light that he can distinguish the shade occasioned by the passage of the hand between it and the light. This pupil is more dilated than that of the right eye; and the iris, without being quite fixed, has but a very limited extent of motion, and that is sluggish. The vision of the right eye is good. The boy has a pallid appearance. He says that he has often been affected with pain in the head and the left side of the face. About two years ago he first noticed that when he looked at objects there appeared a little black spot, as it were, before the left eye, which partially obscured the object. This spot gradually increased in size until about three months since, when the vision of the left eye was completely lost. On examining his mouth, the teeth are found to be very irregular and crowded, owing to his not having shed any of his temporary molars or canines, some of which are decaying. He has occasionally had toothach. Some time ago a portion of bone came away from his upper jaw, and he pointed to the palate as the spot whence it separated, and where there is the appearance of a cicatrix.

Mr. Arnott remarked, that an inquiry into the causes of amaurosis in this case, with a view to determine the plan of treatment to be adopted, it was first of all clear that there was no evidence of local excitement, and that it was not a case requiring, and not likely to be benefited by, mercury or depletion. It was probable, in the next place, that the amaurosis might be connected with the diseased condition of the upper jaw which had previously existed, and possibly did still exist, and the irritation from the presence, at his age, of temporary and permanent teeth at the same time. But, as the tongue was coated, it was advisable to get his stomach and bowels first into a freer state. Accordingly, until the 30th of the month, he underwent a course of alteratives and aperients, but without benefit to the sight.

Feb. 1. Eight temporary teeth and stumps were extracted, namely, one canine and three molars from the upper jaw on the left side, one molar on the right, and three molars from the lower jaw.

Feb. 6 and 8. No improvement; sees no better.

It was now determined, with a view to the possibly still existing diseased state of the bone or periosteum of the jaw, to put him upon a course of iodide of potassium and sarsaparilla. He was, therefore, ordered on the 8th to have a grain and a half of iodide of potassium, with two ounces of decoction of sarsaparilla, three times a day.

15. There has been some improvement in the left eye during the last day or two; on trial this forenoon he distinguished when the hand was held up before him whether it was open or closed, and he discovered that three fingers only were extended. Continue the medicine.

22. A still further improvement; he says there is less thickness of vision.

27. Is slightly better; grinds his teeth at night. To have a scruple of compound jalap powder directly. Continue the medicine.

March 8. Distinctly better. Distinguished a black button on the grey ground of a waistcoat of one of the pupils.

11. Distinguished the colour of a sovereign from that of a shilling.

15. Recognised the colour of a blue flower in the button-hole of a gentleman's coat. Told the time by Mr. Arnott's watch after examining it for a little time, and holding it in various

positions to the light. Has had soup diet; now to have meat. Continues his medicine.

April 1. Sight improving; can read the dietcard, but he complains of pain in his head today. Let his meat be changed for soup. Stop his medicine for a day or two, and let him have a compound senna draught directly.

8. Read, though with difficulty, in one of the religious tracts given by the clergyman to the patients. To go on with the iodide and the sarsaparilla. The pupil of the left eye is now of nearly the same size as that of the other, and the motions of the iris are almost as rapid.

May 4. The boy has for some time been able to read his Bible with facility. Discharged cured.

CITY OF DUBLIN HOSPITAL.

DISLOCATION OF THE HIP-JOINT — NEW METHOD OF REDUCTION.

JAMES MORAN, aged 40, a stone cutter, of slight make. Admitted May 17—under the care of Mr. Williams.

While at work on a scaffold, about 20 feet high, he made a false step, fell to the ground, and alighted on his feet, but in what precise position he cannot say. He was for a short time insensible, and on recovering his intelligence, found that he could not rise or stand without assistance.

On admission, about four hours after the accident, being laid on his back in the bed, it was found that the teft lower extremity was about two inches shorter than its fellow; the thigh was slightly flexed on the pelvis, as was also the leg upon the thigh, and entire limb was rotated inwards, and permanently adducted, so that the knee lay over that of the sound side, and the foot crossed the opposite instep obliquely.

The great trochanter lay higper up and more anteriorly than natural, and was very prominent. On rotating the limb, the head of the femur was felt rolling on the dorsum of the ilium with unusual distinctness, the patient being very thin. A depression could be felt in the groin, corresponding to the situation of the cotyloid cavity.

The thigh could be flexed on the pelvis, and also abducted and rotated inwards more easily, and to a greater extent than usual, and admitted of rotation outwards, to a certain limited extent, and of a slight amount of abduction, the head of the femur lying more loosely on the dorsum of the ilium than is ordinarily the case.

On placing the patient upright the great toe of the left foot crossed that of its fellow, and the heel was elevated so that the toe pointed downwards. The buttock was found to be flattened, and its fold was less marked and more elevated than that of the other side.

Considering the relaxed state of the muscular system, it was thought, that this might be a favourable case for trying the method of reduction proposed by M. Colombot. The patient was placed standing, and instructed to bend the trunk forward, so as to support the thorax on a table, the opposite edge of which he grasped with his hands. Mr. Williams now standing on the outer side of the affected limb, bent the leg at a right angle with the thigh, grasping the dorsum of the foot with the right hand, while with the left hand placed at the upper and posterior part of the leg, he exerted a gentle and continued pressure, in which he was aided by the hand of an assistant, placed on his own, and at the same time attempted to dislodge the head of the bone, by directing the thigh somewhat forwards and inwards. After a short time the head of the femur was found to have descended so considerably on the dorsum of the ilium, that it was estimated to be nearly on a level with the acetabulum. The thigh was now suddenly rotated onward, but it was found that the dislocation was not reduced.

This and a second similar attempt having failed, and as from the condition of the muscles, reduction in the ordinary way promised to be attended with little suffering to the patient, the lacs were applied, and extension being made to a very moderate amount the dislocation was reduced with the utmost facility. Nothing subsequently occurred worthy of notice.

Peter Daly, aged 35, a remarkably athletic corn porter, of immense muscular development, admitted August 4th—under the care of Mr. Williams.

About five hours before admission, while employed in shipping corn, his foot slipped, and he fell across the hatch-way of a vessel, the sack of corn which he was carrying falling from his shoulder on his thigh; he could not say on what part of the limb the weight fell, but the appearance of ecchymosis subsequently shewed that it was on the outer and lower part of the thigh. On being raised, he could stand with pain and difficulty, but was unable to walk.

On admission, the limb was about an inch and a half shorter than the opposite one, and was rotated inwards, the foot pointing in that direction, and the toes resting on the dorsum of the sound foot. The essential symptoms, in fact, were identical with those in the preceding case—shortening of the limb—rotation inwards, and permanent adduction—flattening of the buttocks, and elevation of its fold—prominence and displacement upwards of the trochanter major—and on rotation of the limb, the head of the femur was felt to roll on the dorsum of the ilium, though obscurely, being covered with an immense mass of muscle. The limb was, however, in this case, rigidly fixed, as regarded adduction and rotation outwards.

Immediately on admission, an attempt was made to reduce the dislocation, the lacs were applied in the usual way, and extension made by three powerful assistants, but it was found impossible to overcome the resistance of the muscles.

About seven hours after the accident, Mr. Williams saw the patient, and resolved to again try M. Columbot's method, which was done precisely as in the preceding case, the mode of extension already described, was persevered in for about three minutes, with the effect of causing a scarcely perceptible change in the situation of the head of the femur on the dorsum of the ilium; the limb was now rotated outwards as in the preceding case, and the head of the femur re-entered the acetabulum, with the characteristic and in this instance extraordinarily loud report.

The patient experienced scarcely any pain, except at the moment when the reduction was effected on rotating the limb outwards. Immediately after the operation the symmetry of the limb was perfectly restored. From the second to the fourth day the dislocated limb was, by measurement, fully three-fourths of an inch longer than the opposite one, but this elongation disappeared by the 6th day, and on the 18th August, the patient, as regarded the accident was prepared to leave the hospital, but remained to have a small encysted tumor removed from the back of his leg.

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AUSCULTATION OF THE HEART.

In the healthy state, two sounds are elicited during the action of the heart: the first produced, according to Dr. Hope, by the extension of the walls of the ventricles when they contract, added to by the shutting of the auriculo-ventricular valves, and probably prolonged by the "bruit musculaire."

This sound is synchronous with the contraction of the ventricles, and also with the pulse, and accompanies the impulse of the heart's apex against the parietes of the chest. It is best heard over the situation of the ventricles, where they are not overlapped by the lungs, which are bad conductors, and where the proximity of the walls of the heart to those of the chest, favours the free transmission of sound. This too is the best situation for ascertaining the production of any abnormal sounds in either of the auriculo-ventricular valves, namely, either in the inside of the left side, or in the tricuspid of the right. If the abnormal sounds *heard in this situation* is synchronous with the contraction of the ventricles, and therefore with the pulse, it is very probable that it is produced in one or other, or both, of the auriculo-ventricular valves from *regurgitation* of the blood into the auricle, because it takes place at the very time that the valves between the auricles and ventricles should close to prevent this regurgitation. But if the sound, *heard in the same situation*, be not synchronous with the ventricular contraction, but with its diastole, and therefore instead of accompanying, alternates with the pulse, the sound will then arise from the blood passing from the auricles into the ventricles, being thrown into unusual currents by some *obstruction* existing in the mitral, or in the tricuspid valve, because it is produced at the time that the ventricles are being filled.

Hence, then, the sounds heard over the ventricles, and formed in the auriculo-ventricular valves, *alternate* with the contraction of the ventricle, with the impulse of the heart against the chest, and with the pulse, when those sounds arise from obstruction; but when they arise from regurgitation, they accompany the pulse, impulse, and ventricular contraction.

The diagnosis is to whether the sound is produced in the mitral or tricuspid valve is very difficult, but the circumstance of disease of the left side of the heart being far more frequent than of the right, will afford presumptive evidence as to the mitral being the valve affected.

The second sound of the heart is produced by the closure of the sigmoid or semilunar valves, both of the aorta and of the pulmonary artery, and is a shorter and sharper sound than the first. This sound is not synchronous, but alternates with the contraction of the ventricles, with the pulse, and with the impulse of the apex of the heart against the chest, because it takes place at the time that the ventricle is filling, and when therefore it is Nature's object to prevent, by means of the closure of the semilunar valves, the blood passing backwards into the heart. The best situation for hearing the second sound of the heart, is in the interspace between the cartilages of the second and third ribs—not that the valves are situated immediately under this point, but because it is in this situation that the great vessels leaving the heart approach nearest to the surface of the chest, and the column of blood in these vessels forms a very good medium for the transmission of the sound upwards. The aorta, after leaving the left ventricle of the heart, inclines it first to the right side, whilst the pulmonary artery proceeds from the right ventricle to the left side—hence sounds produced in the *aortic* valves are best heard in the interspace between the second and third ribs of the *right side*, close to the sternum, whilst those produced in the *pulmonic* valves are loudest at the same point on the *left side*. *Abnormal sounds* arising from *obstruction* in either of these valves, will *accompany* or be *synchronous* with the pulse and ventricular contraction, because they are caused at the time that this contraction is expelling the blood through them into the vessels; but those proceeding from *regurgitation*, *alternate* with the pulse and ventricular contractions, because they are excited by the imperfect closure of the valves at the time when the ventricles are expanding, and when the great vessels are contracting, or their contents, in order to forward their progress through the two circulations, the pulmonic and systemic. Hence, then, whilst *sounds from obstruction* produced in the auriculo-ventricular valve, alternate with the pulse and ventricular contraction—those in the semilunar valves are synchronous with these; and whilst, too *sounds from regurgitation*, in the auriculo-ventricular are synchronous with the pulse and ventricular contraction, those in the semilunar valves alternate with these phenomena.

PERIPNEUMONIA CUM AFFECTIONE DIAPHRAGMATIS.

John Peschat, a shoemaker's apprentice, 15 years old, of a cachectic appearance, was frequently exposed to atmospheric changes: he usually went with his breast uncovered, and too suddenly out of a warm room into the cold air. He was taken with shivering and heat, and when, on the 19th of March, (the ninth day of his illness,) he came under treatment, he complained of a violent oppression at the chest; his breathing was difficult, by which too the thorax was but little raised. On making a deep inspiration, a dry cough was brought on; he had also pungent pains about the diaphragm; the hypochondria were drawn in, the cutaneous heat was increased, the secretions diminished, the pulse frequent, somewhat hard and oppressed. Ordered to be bled to five ounces, emollient cataplasms, mist. amagd. Considerable relief followed the bleeding, the breathing was more free, the pulse less frequent, fuller, and softer. In place of the oppression, the patient complained of a sensation of burning in the course of the sternum. Decoct. alth. ℥j. c.; Sacet. ʒj. si opus sit., and a blister to the breast was ordered, by which this symptom was relieved. But now he began to complain of headache, and had no sleep. A blister to the neck procured relief. To effect some changes in his cachectic appearance, decoct. polygal. amar.; and afterward decoct. cinchonæ cordifot. was given. He soon acquired a healthy look, gained flesh, felt himself strong, and after five weeks had completely recovered his health.

PUERPERAL FEVER.

It is not easy to imagine a more pernicious doctrine, than that which holds that no other than a state of debility and exhaustion in the female constitution must necessarily be induced by previous child-birth, and its concomitant pains, anxiety and loss of blood; yet, if we consider attentively, and without prejudice, the process of parturition, we shall come to a very different conclusion. It is true that the increased vitality of the mother during her pregnancy, and the surplus of nutriment, as far as the womb is concerned, ceases at child-birth; but not so with the general habit; and the breasts, which have so great a sympathy with that organ, are now the seat of its action. Noxious causes of various kinds may disturb this natural process, in which case the increased vitality rushes back to the uterus, or to the peritoneum, still in an irritable state, causes a violent action of the blood-vessels and inflammation, which now that the blood is impregnated with nutritious matter, has a great tendency suddenly to deposit it by secretion; hence the frequent inundation of an incredible quantity of a caseous or milky fluid, mixed with much water, in the cavity of the abdomen, chest, or even the brain and extremities. To prevent, by any means, this tendency to effusion, is the object of our art; it is the consequence of inflammation, which often suppresses other secretions, particularly the lochia; hence a modified antiphlogistic treatment, so as to prevent the above exudation, (with a reference to the character of the then prevailing diseases) is, in these complaints where Nature can do nothing for herself, of the most beneficial consequences. Hippocrates was acquainted with this most dangerous disease, but ascribed it always to the suppression of the lochia, which, however, is for the most part a consequence of it; he gives an accurate account of it in the First Book 'De Morbis Mulierum,' cap. 60, 63, 66, and 69.

The following cases were uncommonly mild, and ought scarcely to be called puerperal fevers. This disease, however, is often characterised by extreme violence and great mortality, to which the reigning epidemic greatly conduces; the best directed means are not then always able to prevent its assuming a dangerous form.

FEBRIS PUERPERALIS.

E. W., 19 years of age, a maid-servant, was, on 23rd December, safely delivered of a healthy child; she lost a good deal of blood. On the 24th, without apparent cause, there came on a headache, vertigo, sparkling of the eyes, ringing in the ears, shivering and heat, with pains in the abdomen. On the 28th, she had pain in the head, the breasts were swollen and hard, the abdomen distended, and painful to the touch, particularly towards the left ilium; the lochia flowed copiously, the pulse was frequent, contracted, and somewhat hard. Emollient cataplasms were applied to the belly, and similar glisters injected, and in order to derive the milk from the breasts, she took potass sulph. ex. decoct. alth. Warm cloths were applied to the breasts; moderate evacuations by stool took place, the belly subsided, the milk came away partially from the breasts, the fever abated, and she felt herself so much better, as to desire she might go out as a wet-nurse; she accordingly went in the country on 5th February.—This case was an incipient puerperal fever, the development of which may often be fortunately prevented by a simple mode of treatment.

A second case of a maid-servant, 30 years of age, and who was delivered on the 30th of May, was equally fortunate. On the 4th day after parturition, a shivering with subsequent heat and darting pain in the abdomen, but more particularly near the pubes, came on; she could not bear pressure on the part. On the 4th of June, the head was oppressed and painful, tongue dry, breathing free, the breasts full of milk, abdomen somewhat distended, and not suffering pressure near the pubes; lochia flowed, stools regular, the heat of the body increased, the pulse moderately quick, tense, and somewhat hard; decoct. alth., and emollient cataplasms, were ordered. 5th, The headache was much diminished, the breasts still tumid with milk, the abdomen was, after four evacuations, almost entirely reduced, and the pain almost gone; the milk was taken from the breasts by means of glasses for that purpose; it came in part spontaneously away. During the following days her recovery advanced uniformly, and with mere attention to her regimen she was well by the 9th of the month.

When flatulent or gaseous distension of the abdomen prevails, the free use of carminatives and warm fomentations to the abdomen will be necessary. The following mixture will generally afford

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relief when this symptom is troublesome.—R. Aquæ Menth. p. 3vij; T. Rhei c., 3vj; T. Cap-sici 3j; Sp. Æther Sulp. 3j; Sol. Morphiæ Mur. 3j., in dosen gas. secundâ vel tertiâ horâ.—I am, Sir, your obedient servant,

W. T. KAY.

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES, PARIS.

AUGUST 9.

M. Dumas read the first names and duties of M. Duchenne, last Book, a report and a memoir by M. Jobert (de Lamballe) containing anatomical researches respecting the terminations of the nerves of the uterus. M. Jobert has satisfied himself that these nerves intermix and become confounded in penetrating the parenchyma of the uterus, but could not, by the most minute research, aided even by the microscope, ever succeed in tracing their filaments to the neck of the organ. The entire portion of the uterus that projects into the vagina, receives no nervous filament. The filaments that appear to be destined for that part, becoming intertwined, form a kind of new plexus, which gives off two kinds of branches. Of these many as regards the direction assumed are retrograde; they retrace their first direction, and are distributed in the thickness of the walls of the uterus; others of them again descend and are distributed to the vagina.—These observations were made in the human subject, the ape, the dog, the mare, the hare, the marmotte, the squirrel, and the guinea-pig. M. Jobert explains from this fact, the slight sensibility of the neck of the uterus when it alone is the seat of disease, and recommends the actual cautery in some of its diseases.

The reporter passed an eulogy on M. Jobert's memoir, but observed, that in the physical sciences, there was always reason to fear that a negative proposition, however solidly established in appearance, would one day be overturned by even a single authentic new fact.

NEW METHOD OF TREATING FISTULA OF THE URETHRA. BY M. RICORD.

M. Ricord communicated the case of a patient, whose urethra had been ruptured 19 years previously by the constriction of a thread that round the penis, immediately anterior to the scrotum; there was a space of one centimetre between the two orifices. Eight days after sexual intercourse, the patient was attacked with gonorrhœa, which commenced in the posterior part of the canal, and it was not till four days subsequently, that the anterior portion of the urethra became affected. The posterior portion which was alone traversed by the urine, was then painful, while the anterior part was merely slightly sensible on pressure. 3ij. of cubebs were given these daily; in six days the discharge had ceased in the posterior part of the canal. During the treatment, care had been taken to prevent the anterior portion coming into contact with the posterior portion, but this precaution was now designedly neglected. There was a relapse, new treatment, and a second cure of the posterior portion. A solution of the nitrate of silver was now injected, and in two days the cure was complete. M. Ricord concludes from these facts, that cubebs and copaiba act chiefly by their curative principles becoming mixed with the urine, but does not altogether deny their revulsive action. He has ascertained, as did also M. Cullerier, that their topical application is injurious, rather than useful.

The fistula now remained to be treated. M. Dieffenbach conceived the idea of forming, in such cases, an artificial opening near the bladder, in order to direct the course of the urine, but he did not execute this project, being apprehensive of a consecutive fistula. M. Segalas having a patient with two urethral fistulæ, passed a catheter through the posterior one; pared the edges of the anterior one, and united its edges by points of suture. M. Ricord, as there was no accidental opening in the perineum in his case, passed a catheter into the bladder, and cut into the membranous portion of the urethra. The edges of the fistula were now pared, and when the bleeding ceased, two points of twisted suture were inserted. The urine, however, passed between the sutures.

Before the artificial fistula was perfectly dry, M. Ricord yielding to the anxiety of the patient, again operated, inserting four points of twisted suture, transfixing the entire thickness of the skin, which permitted the raw surfaces to be placed in more perfect apposition; a bougie was placed in the urethra, but only introduced as far as the bulb. Two of the needles were removed on the 15th day, and as the union then seemed perfect, the remaining two needles were removed two days later; a small opening had then formed at the right angle of the wound, which was healed in six or seven days, by two or three applications of nitrate of silver.

Three months and nine days after the first operation, a catheter which had been kept in the perineal opening was removed, and one was passed through the urethra into the bladder, and the urine soon ceased to pass by the wound in the perinæum.

The urine is now emitted as usual, and the semen ejaculated naturally.

AUGUST 30.

ON MYOPIA AND WEAKNESS OF THE EYES. BY M. BONNET, OF LYONS.

M. Bonnet addressed a memoir to the Academy, consisting of two parts—one physiological, the other pathological.

In the physiological part he discusses the question of the adaptation of the eye to the vision of objects at various distances, especially endeavouring to demonstrate that the adaptation at short distances depends on a change in the shape of the eye, effected by the pressure on the organ of its surrounding muscles.—He maintains this opinion by a set of experiments on the dead body, showing that it is impossible to exert traction, in the direction of their orbitar insertions, on one of the recti, or of the oblique muscles, and *a fortiori* on all the muscles conjointly, without compressing the eye, which pressure elongates the eye from before backwards, and renders the cornea convex.—All the muscles of the eye have the same action in altering the shape of the eye, their sole antagonist being the elasticity of the coats and humours of the organ.

The second part of the memoir is devoted to the study of myopia, and that vexatious and common affection where, though no appreciable alteration can be detected by examining the eye, vision nevertheless becomes confused, and the eyes fatigued after reading a short time.

M. Bonnet endeavours to show that myopia, especially when acquired, is the result of a permanent compression exerted on the eye by the recti and oblique muscles, which are all contracted, whence results a permanent adaptation of the eye to vision at short distances, which is naturally effected by elongation of the antero-posterior diameter of the eye, and augmented convexity of the cornea: the same occurs in myopia, save that the macular contractions which produce this condition of the eye are in myopia permanent and pathological, instead of being intermittent and exerted according to need.

Fatigue of the eyes only occurs when they are exercised in the inspection of minute and near objects—*i. e.*, when the muscles are contracted to produce the then necessary adaptation of vision. M. Bonnet regards the fatigue as the result of that pressure carried to a painful extent.

Starting from these theories, M. Bonnet concludes that to cure myopia and fatigue of the eyes, the pressure excited by the muscles must be diminished, and that this object can be effected by the division of one or of several of the muscles. Whichever of them be divided, the pressure sustained by the globe of the eye is diminished; for if the cut muscle be contracted, an effective cause of contraction is removed; if it be not contracted, a support of the lateral wall of the organ is removed.

M. Bonnet prefers, of the various sections that may be practised, that of the lower oblique muscle at its insertion into the orbit, as the one effected most rapidly, easily, and with least liability to accidents.

The operation was performed upon two patients for one or other of the before-mentioned affections of the eyes. In some both muscles were simultaneously divided, in others each eye; the operation being performed on all the patients quickly, at the Hotel Dieu, Lyons, in the presence of numerous witnesses. [illegible] slight inconvenience follows. Ecchymosis of the lower eyelid follows the operation, which soon disappears. The eye retains its natural direction and all its functions. On the third or fourth day the patients can read, without much inconvenience, for several hours.

The first patient in whom both tunnels of the lower oblique muscles divided, underwent an amelioration of the infirmity. Matthew, above mentioned, the eight others, who each had the muscles divided. The following is a sketch of the evidence, as regards —1, the maximum distance at which they could read; 2, the maximum distance at which they could recognise persons; 3, that spectacles necessary for them; 4, the disposition of the eyes to become fatigued.

The maximum distance for reading was increased,

In M. Rieux from 16 to 30 centimetres.
M. Serne, 15 — 80 do.
M. Paradis, 28 — 60 do.
Mad. Richerand 28 — 60 do.
M. Acuary, 18 — 25 do.
M. Dulac, 17 — 31 do.
In M. Dayrats, it remained the same.
M. Bonnet was not affected with myopia.

This statement shows, that in all the patients, save one, the distance at which they could read was almost doubled.

The maximum distance at which persons could be recognised was augmented:

In M. Rieux, from 4 to 30 paces.
M. Serne, 5 — 25 do.
M. Paradis, 25 — 60 do.
Mad. Richerand 15 — 65 do.
M. Acuary, 4 — 25 do.
M. Dulac, 6 — 50 do.
M. Dayrats, 2 — 4 or 5 do.

This statement of distances cannot, of course, pretend to absolute precision, for obvious reasons; but that there was a great improvement in sight, in this respect, is undoubted.

The elongation of vision is the greater, the smaller the objects that are looked at; the most sensible amelioration is experienced in viewing palaces, trees, houses, and generally large masses at a distance.

M. Bonnet was able to make but few observations respecting the influence of the operation on the necessity of wearing spectacles, but those of those operated on having worn them; and they either abandoned their use, or wore glasses of a lower number.

The most decided and important change was manifested with respect to the liability of the eye to become wearied.

M. Paradis, who could only read for a quarter of an hour till vision became confused, when operated on, read for two hours and a half without inconvenience.

M. Acuary, who could read but half an hour, was enabled to read for upwards of three hours.

M. Richerand, who could not read two consecutive pages, nor person has occupied as an embroiderer, now can read at pleasure and pursue her business.

The statement respecting the other patients are to the same effect.—*Gazette des Hopitaux.*

ACADEMY OF MEDICINE, PARIS.

AUGUST 24.

EXTRA-UTERINE PREGNANCY—GASTROTOMY.

M. Gardy made a report on a case communicated by M. Mathieu, physician to the hospital de La Charité Sur Loire. A woman, aged 30, became pregnant in 1836; at the 9th month she was seized with labour pains. After a considerable delay physicians were called in, who diagnosed an extra-uterine pregnancy, and left the case to nature. Three weeks subsequently, the woman felt in the abdomen a convulsive trembling which ceased in

violent successions, after which the fœtus remained motionless, and, they supposed, had died. The pains then appeared again; a consultation was again held, and an operation again rejected. The woman applied at the hospital for the purpose of being operated on; threatening to commit suicide in case of refusal; and this threat induced M. Mathieu to perform the operation. The abdomen was distended by an enormous quantity of fluid, and by several tumours, which could be but very imperfectly felt; the patient was also much debilitated. The operation was performed as follows:—

Paracentesis was first performed, which enabled the position and form of the fœtus to be felt and appreciated. The abdomen was not however opened till two days subsequently, when it was opened first from the pubis to the umbilicus to extract the fœtus, and next, from the umbilicus to the most superior part of the abdomen, to remove a tumour situated at the xiphoid cartilage, which was as large as an ostrich egg, and contained hair, a brain-like material, and a bone an inch long and a line thick. M. Mathieu affirmed, that it was contained in the amnion of the fœtus, and was a monstrous germ, and that, consequently, his patient had a double extra-uterine pregnancy. The amnion was so adherent to the subjacent parts that it could not be removed, and some fragments only of the placenta were gotten.

The fœtus was in good preservation, weighed 5 lb. 13 ozs., and was 18 inches long.

Sutures were inserted, and repeated purgatives administered, and fomentations with a chlorinous fluid. Subsequently, the abdomen was injected with the chlorinous fluid; wine was given, and the pus was removed from the abdomen by means of a syringe and catheter, introduced at each dressing. The patient was well on the 35th day, an abdominal fistula, however, remaining.

M. Gerdy then gave an analysis of the chief cases of extra-uterine pregnancy of a similar kind that are on record, and then proceeded to draw his conclusion; in so doing, he stated, that he would not examine them numerically, as he disliked charlatanism, as much in science as in practice, and that a simple numerical enumeration excited his distrust, ever since the "sçavoir faire," which now insinuates itself everywhere, had taken advantage of the numerical method to assume an appearance of immense, positive, and superior erudition.

M. Gerdy divided the cases he had quoted into four categories. The first included the cases where an extra-uterine fœtus was retained many years without destroying the mother. The second, those in which the fœtus was retained, much beyond nine months, but where the mother at length died. The third, those where an abscess formed, and the fœtus found issue in whole or in part. And the fourth, those where gastrotomy was performed with the result of saving the mother, or child, or both. Reverting to M. Mathieu's case, M. Gerdy commented on the enormous incision, and the irritating chlorine injections which were employed; circumstances eminently calculated to excite fatal peritonitis. M. Gerdy said that a good angel had saved the patient both from the disease and the treatment.

M. Gerdy did not regard the tumour above the umbilicus as a product of conception. Admitting that it was, as M. Mathieu says, developed within the amnion, and not external to it, it would still be very doubtful, whether it was a product of conception and a monster. In fact, we find analogous tumours in many organs, in the ovaries of girls too young to conceive, and even in male subjects. It seems doubtful, whether conception engenders such unformed products: what could such a monstrosity be? A product of the arrest, of the defect, or of the aberration of development? Is it then proved, that nature can commence the formation of a fœtus by the hair, cerebral matter, or a shapeless bone? Is not nature subjected to some laws, even in its wildest aberrations? Have we ever seen cerebral matter developed in the abdomen, or in the lungs; or the heart, the liver, the spleen, or the intestines in the head? Have we ever seen her limit her arrests of development to the formation of one or two organs, as the brain, the spinal marrow, the heart; a hand or a foot? Have we ever seen in a shapeless mass, described as a product of conception, as monsters by inclusion, one of those complex organs, as a heart, a larynx, an eye, &c., which are formed in the fœtus alone, that is to say, in an indubitable product of conception? When nothing similar exists, and we only have hair, teeth, or bones shaped like teeth, or whatever else fancy may liken them to; such products cannot be admitted as products of conception.

M. Gerdy concluded that M. Mathieu's case presented nothing extraordinary; that his operation was rational, and that though all the particulars of his practice could not be approved of, that yet the case was interesting and instructive.

M. Amussat stated that he had extracted through a spontaneous opening in the rectum, a fœtus, in fragments, which had lain in the abdomen seven years. The patient recovered perfectly.

M. Blandin had dissected two cases of extra-uterine pregnancy, in which the chorion was absent, and the amnion alone enveloped the fœtus. M. Mathieu's case also confirmed the opinion M. Blandin had formed, that the ovum contains the amnion alone, and that the chorion is formed in the uterus in the same way as is the deciduous membrane. His opinion was not, however, definitely formed on the matter.

M. Moreau having ascertained from M. Blandin that the fœtuses he had dissected were furnished with umbilical cords, remarked that M. Blandin must be mistaken, and that the chorion must have existed, as the cord is partly made by the prolongation of that membrane.

M. Blandin said that it was not proved that the chorion must co-exist with the umbilical cord.—*Gaz. des Hopitaux.*

ON RESPIRATION.

Translated from the German of Rudolphi. By T. S. BECK, Esq. Lecturer on Surgery, at Sydenham College, London.

No. I.

If we compare the individual doctrines of the old and new physiologists, probably there is none of them in which a greater difference is remarked than in the doctrine of respiration. A fault very generally committed, on the one side, was that of considering the vault of the chest with its muscles as active; the lungs, on the contrary, as passive; nor was the activity of the larynx and trachea, so very remarkable, at all taken into consideration. On the other side, the peculiar aim of respiration was mistaken, viz., to change the venous blood into arterial, and to support the animal heat.

With regard to the first point, we might, indeed, maintain that, at present, we understand the mechanism of respiration and the structure of the co-operating organs, as well as we know any other part of the animal economy: and in respect to the second, there appears only some points of less importance which remain very doubtful. So that, in truth, we must not reject the examinations of the natural philosopher and the chemist, nor must we content ourselves with the common-place and therefore nothing saying expressions—respiration is a vital action—by respiration the blood is idealised, &c.

The organs of respiration may be conveniently divided into external and internal, or into auxiliary and essential. In the animal kingdom the latter remain after the former have long ceased to be found, although in the lowest animals they at times appear blended together.

The essential or internal organs are the larynx, the trachea, and the lungs; the external or auxiliary organs, the nose, the mouth, the vault of the chest, and all parts contributing to its change.

Most commonly, in animals breathing by lungs, the air is drawn through the nose. We see the play of the nostrils, especially in the amphibia, but also in birds. In the mammalia we not unfrequently see the ala of the nose become most violently moved after exertion, and there are several in this class that can only breathe through the nose, as the race-horse, the elephant, and the cetacei. Man, with a perfectly free nose, also breathes through it, and when asleep with a somewhat obstructed nose, respiration takes place by the mouth remaining open; thus the velum palati trembles, and there arises an unpleasant snoring (stertor). But, on the contrary, respiration can go on by the mouth alone, and I have already mentioned some examples on man, where the posterior nostrils were entirely closed, so that respiration was only possible through the mouth.

To what extent the opening of the mouth stands in connexion with respiration in man, is seen by gaping (oscitalis), after weariness or any difficulty of breathing. Here the mouth is strongly opened and long kept open, during which the larynx and the chest are widened, in order to inspire strongly and deeply; after which a strong expiration takes place. We see, also, the connexion in the last respirations of the dying, as well as in the attempts at resuscitation, where, if it entirely or partly succeeds, a *slight* opening of the mouth occurs, then a gaping, or as we usually call it, "snapping after air." Now and then all endeavours are unable to do more than produce a similar common way of gaping as that with which life is entirely extinguished. This readily explains to us the first respiration; for from the unpleasant impressions to which children are exposed during birth, and immediately after it, their facial muscles begin to move, the mouth and nose open and involuntarily draw in air, so that at the same time a cry is excited. The same happens if they come into the world asphytic, when by shaking or some light strokes we call them into life so that they breathe and cry.

These movements evidently stand in connexion with those by which the cavity of the chest becomes expanded, and upon which others again follow which contract it. The powers which contribute to these movements are very manifold, and are only collectively called into action in cases of the greatest necessity.

The expansion of the chest, in the first place, is occasioned by the ribs becoming raised upwards and outwards, by which the sternum is also moved forwards; whilst, secondarily, the diaphragm contracts and thereby descends. By these movements the long and transverse diameter of the chest become enlarged, i. e. from one side to the other—from the front to the back—and also the oblique measurement.

The front rib, which is firmly bound to the sternum by a short cartilage, and more firmly fastened than the other ribs, by the scaleni and other stronger ligaments, is to be looked upon as the fixed point towards which the other ribs are drawn and rolled forwards and outwards, so that the sternum must necessarily come forward. This is principally effected by the intercostal muscles, as well by the internal as the external; the fibres of these muscles crossing each other, their power must be considered as acting diagonally upwards; the second rib is already freer than the first, which is the same with the others, so that they progressively become easier raised. If the customary enlargement of the chest by the intercostal muscles be not sufficient, the greater and lesser pectoral, the anterior and superior posterior serrati, and indirectly the several muscles of the vertebral column and scapula contribute to the expansion of the chest.

The action of the intercostal muscles opposes the contraction of the cavity of the chest; but the last-named muscles are, on the contrary,

opposed by the latissimus dorsi, the inferior posterior serrati, and several muscles of the vertebral column.

With these muscles serving for the expansion of the chest, the diaphragm now co-operates most powerfully. It contracts from all sides towards the centre by which it descends, becomes flat, and presses the abdominal viscera downwards and forwards. The abdominal muscles, which are opposed to its action, draw the ribs downwards and themselves inwards, thus narrowing the abdominal cavity, and pressing the viscera up towards the relaxed diaphragm.

In the child and in the woman, the mobility of the ribs, &c., is very great, and we see, when they are perfectly quiet or asleep, how their chest rises and falls. In man, whose chest is more capacious, and therefore ordinary respiration requiring no great expansion, that movement is seen much less; so that, for the most part, the alternate action of the diaphragm and abdominal muscles appears to be sufficient.

Observation 1.—Whilst the amphibia draws in the air through the nostrils, it is conveyed by the incessant movements of the membrane of the throat to the open glottis, and is received by it; so that the movements of the throat are much more frequent than those of the nose, and bear the proportion to them of three to five, or even of seven to one. However, we must not estimate the number of respirations, according to the former, with Robert Townson, ('Observationes Physiologicæ de Amphibiis', p. 1, de respiratione. Gott. 1794,) by which he arrived at a false position, viz., that the amphibia inspire more frequently than the warm-blooded animals.

Herboldt therefore maintained, that the mouths in frogs must remain hermetically closed when they breathe, and if their mouth be held open by a small ring or piece of wood, they soon died. The Philomatic Society in Paris (Bulletin, an 7) repeated these experiments and found that these animals died in a few minutes, if their mouth was not hermetically closed. I thought this very improbable, and repeated the experiments in a variety of ways in the same year, and found that frogs continued to live perfectly well with their mouths open hours, days, and weeks. I cannot think otherwise than that Herboldt and the Philomatic Society have placed their animals, with the mouth open, in water, where they certainly must soon be drowned; instead of which I kept them in a box, placed in the garden, in the open air.

Observation 2.—Charles Bell ('An Exposition of the Natural System of the Nerves,' Lond. 1824-8,) has justly connected the movements of the countenance in the emotions of the mind with those of respiration. If some have been expressed too strongly by him, those who pay no attention to this will not be able to form any complete idea of the breathing in general, especially of the first respiration, and of the modifications of respiration from the emotions of the mind.

Observation 3.—It is a mere paradox when Magendie, contrary to Haller and all other anatomists and physiologists, admits the movement of the first rib to be greater than that of the following; for, if he only undertake to examine, without prejudice, the ligaments and muscles of the first rib, he must immediately come back from his false views, which can only have arisen on the writing-table, or in a transitory observation of an artificial skeleton. Whence comes it that the first rib so very often morbidly adheres to the sternum, if it be not because it lies almost immoveable upon it, whilst the sternum and clavicle scarcely ever anchylose from the movement being greater between them.

Observation 4.—The movements of the chest in the mammalia are probably exactly the same as in man, and we see this in a very strong degree in the so-named "beating of the flanks," especially in the horse. In all, the acuphragm and abdominal muscles perform the same functions, but not unfrequently the cartilages of the ribs become ossified very early, by which they resemble the birds, in whom, as far as I know, it is without exception. At our museum there are the skeletons of the ornithorinchus, of the three-toed sloth, of the ant-eater, myrmecophaga jubata, tetra-dactyla, and didactala, dasypus sexcinctus, and novemcinctus, of two vampyres, of a couple of opossums, of an old dipus sagitta (for in the other skeletons of dipus and meriones it is not), of an old mole, and of a chrysochlorus, which are provided with intervening bones instead of the cartilages of the ribs. In some of the last-named animals, the ossification appears not to have occurred so early as in the others. The difficulty of the cartilages of the ribs (except the first) becoming ossified in man, is generally known. Indeed, we have the example of Thomas Parr, who was a hundred and fifty-two years and nine months old, and in whose body the renowned Harvey found those cartilages unossified. The whole of this remarkable dissection is found in J. Bettus de Orta et Natura Sanguinis. London, 1669.

(To be continued.)

CASES BY JAMES PROWSE, ESQ., BRISTOL.

TUMOUR IN THE VAGINA.

A MAIDEN lady, fifty-one years of age, having suffered a long time from pain, and other distress in the vagina, at length, with much reluctance, submitted to an examination, when a tumour of considerable size was discovered, occupying the os sternum and vagina; the anterior part of which, about the size of a walnut, was very sensitive to the touch, and *seemed* to protrude through the os uteri. The smooth, membranous part of the tumour closely embraced every part of it, excepting the projecting portion just spoken of, which had produced absorption of its covering, leaving a nearly circular opening around it, very like the os uteri itself; and it was not until the patient had submitted to a further minute and searching examination, that I could convince myself that it was not so. Having found the uterus behind the tumour, I proceeded to ascertain the boundary and attachments of the latter. *In situ*, it was firm in texture, globular in form, occupying nearly the whole of the vagina, which was contracted upon it. It was attached by a broad base to the anterior wall of the vagina, and surrounded three-fourths of the circumference of the urethra, pressed upon it, and occasioned considerable difficulty in the passing of urine. Having fully satisfied myself of its exact situation, and believing that it was not malignant in its nature, I proposed its removal by the knife, which was at once acceded to.

Operation.—As my patient would not consent to have another surgeon present, I was obliged to content myself with the assistance of a steady female. First. The patient having been placed in a convenient position, with the legs secured, a female catheter was inserted into the urethra, which was held in a suitable manner by my assistant. Secondly. The tumour was firmly grasped with one hand, and brought as far forward as possible; and the integuments were cut through by means of a common scalpel with the other hand; and afterwards the tumour was carefully and safely dissected from the urethra and its other attachments. Lastly. The hæmorrhage being considerable, a large plug was introduced into the vagina, and cold lotion and a tight bandage were applied. There was a recurrence of hæmorrhage a few hours afterwards, but no artery or other vessel was tied; a larger plug was substituted for the first, and the other remedies were applied as before, which were sufficient to suppress it.

After-Treatment.—Previous to the removal of the tumour the calls of nature had been provided for, and afterwards an opiate was administered. The patient was enjoined to abstain as much as possible from the use of fluids, so that she remained quiet until the next day, when the catheter was used without difficulty, and the urine removed; but there was no further occasion for its use. In two days afterwards the bandage was loosened, in order that the plug might be allowed to come away of its own accord, which took place on about the sixth day after the operation. Some emollient ointment was occasionally applied. On the twelfth day the patient was well enough to bear the use of an astringent injection for the removal of a muco-purulent discharge. The febrile symptoms were not severe, and were subdued by ordinary means. The patient was quite restored to health in six weeks.

It is now eight years since the removal of the tumour, during which time there has been no incontinence of urine, nor any other untoward occurrence relating to it.

The tumour is fibrous in structure, dense and heavy. It weighed nearly three ounces and a half, and was not vascular, but was pale in colour. There are four globular tumours, or radicles, on its posterior surface, altogether similar in texture to the body of it. The body of the tumour is covered by condensed cellular substance and common integument.

IMPERFORATE HYMEN.

A lady who had been married about four years, applied for relief, finding, as I suppose, that an important part of the business of matrimony was not effected in a manner that was satisfactory to the parties interested. Upon examination it was discovered that the hymen occupied the whole of the os externum, excepting a very small portion immediately behind the orifice of the urethra, at which point there was an opening just large enough to admit the extremity of the little finger. The membrane was very dense in structure, and formed into a cœcum, or pouch. An operation was proposed for the removal of the obstruction, and readily submitted to. Having divided the membrane, I proceeded to examine the state of the vagina and uterus. The latter organ was in the right place, and normal in structure; but the vagina was extremely small. Whereupon I immediately divided some of its rugæ and muscular fibres in its posterior part to a considerable depth; after which a firm plug, of sufficient size, was introduced, the contraction fully overcome, and the cure completed, in a short time, by means of elastic bougies. To the great joy of the lady, she was safely delivered of a fine living boy in thirteen months and nineteen days after the operation.

ROYAL BERKSHIRE HOSPITAL.

FRACTURE OF ACROMION, FOLLOWED BY LOSS OF MOTION AND SENSATION.

RACHEL PEMBROKE, a pale, delicate-looking girl, æt. 24, was brought to the hospital in the evening of the 24th of October, having received an injury to the shoulder, through a heavy piece of chalk falling on it from a considerable height while she was engaged in filling baskets at the

bottom of a well nearly ninety feet deep: she was apparently suffering greatly from the shock occasioned by the accident, appearing alternately very pale and almost sinking, and shortly afterwards flushed and feverish. On examining the shoulder, I could discover no displacement of this joint, or of the clavo-scapular articulation, and I could rotate the head of the humerus in all directions in the glenoid cavity. The shoulder had, however, lost its usual rounded appearance, and the head of the bone, when left to itself, seemed to droop downwards towards the axilla. She had no power of moving the arm, which hung down in a useless manner, and she said it felt altogether numbed and without feeling. On passing my finger along the course of the spine of the scapula, she complained of pain from the pressure, more especially just at the root of the acromion process, where there was a slight bruise, indicating the part where this portion of the bone had been broken off by the accident, where the spine of the scapula seemed to terminate abruptly. I could discover no other lesion of the joint. The arm was raised and supported in slings from the elbow, with a view to bring up the fractured acromion into its natural position.

26. By daily attention to the slings, the arm has been kept in the same position. The numbness, however, remains unchanged, and there is no sign of returning muscular power in the arm.

28. Considerable ecchymosis has appeared on the inner and lower part of the arm, and there is a hardness and depression over the lower part of the biceps muscle, which led me to think that this muscle had been partially torn at the time of the accident. Some slight return of muscular power in the arm, but the fore-arm remains motionless and numbed; a stimulating liniment was directed to be used, and the fore-arm was laid prone upon a splint, extending from the hand to a little distance beyond the elbow, and fastened to it by a bandage.

Nov. 1. The application of the splint has improved the movement of the fore-arm, which now, instead of feeling numbed, is recovering its sensibility. Prickling and tingling sensations, and a sore feeling over the whole arm, the tingling greatest in the fingers; a sensation of numbness, however, still remains along the course of the ulnar nerve, to its extremities in the fingers.

Nov. 5. The sensibility of the arm had not become much improved since last report, nor had the patient recovered full muscular power of the limb. The acromion process had, however, become united by a tolerably firm ligament, and there was now no drooping of the arm. She was discharged from the hospital, in consequence of her being found to be pregnant.

Dec. 4. She has been using stimulating liniments since last report, and she can now perform all the ordinary movements of the joint, except that of bringing the limb into an elevated position, which she however does with some difficulty and pain.

It would be difficult to say exactly on what particular cause the loss of sensibility and muscular power in this case depended. Perhaps, as far as the muscular movements were concerned, they might have been impeded in the shoulder by the lesion of the deltoid, one of its attachments being necessarily disturbed by the fracture, and in the elbow-joint, by the partial rupture of the biceps, which had apparently happened.

The most singular part of the case was the loss of sensibility, which I imagine must have arisen from a stretching or elongation of the nerves, which the dropping of the arm from the glenoid cavity, occasioned by the altered condition of one of the origins of the deltoid, would probably produce. I have observed a similar loss of sensibility in persons who have been in the habit of lifting heavy weights, only in a less degree, from the operating causes being probably more gradual; in these persons a slight dropping of the arm has been perceptible, and I believe that in some cases of painters' paralysis, this effect, that is, a dropping of the arm, has been perceived; and I imagine that in some of these latter cases, where the fore-arm has been laid upon a splint, the great relief which has been obtained might be referred to the suspension and approximation of the humerus to the glenoid cavity, by the slings used at the time, allowing the stretched or elongated nerves to recover their tones, rather than to any particular position in which the fore-arm had been placed. Probably the best treatment in such cases as the preceding would be to endeavour to produce as firm a ligamentous union of the fractured portion of the bone as possible; and the greater the pains taken to effect this, the greater would be the chance of an osseous union, and the permanent restoration of the functions of the injured nerves. But I believe a bony union is seldom obtained, owing to the difficulty of keeping the fractured portions in exact and close apposition, and (as in the case of transverse fracture of the patella) not from any peculiarity in the situation of the process.

CHRONIC LARYNGITIS.

William Knight, a tile-maker, æt. 32, who had been lately much exposed to wet while working at his trade, was admitted into the hospital, December the 3rd, with the following symptoms of what might be considered as chronic laryngitis:—There is a general erythematous condition of the lining membrane of the fauces. Externally, the larynx appears swelled, especially the cricoid cartilage, which is much larger than natural, and, in common with the other cartilages, very tender to the touch. He speaks in a hoarse, low manner, scarcely beyond a whisper. He has occasional difficulty of breathing unattended with pain. Feels himself generally worse, and speaks more hoarsely in thick heavy weather. He has no particular pain in swallowing. Has experienced increased difficulty in breathing during the last week, especially after any exertion. Has never had any primary venereal disease. He states that his present complaint came on about three months ago, rather suddenly, after working in the wet, with a little hoarseness, unattended with pain. He had not previously been particularly subject to cold: Had continued at his labour ever since, his general health being but slightly affected. Swallowing hot fluids made him cough. Five leeches were applied last evening, which had given him great general relief. One grain of calomel twice a day. The fauces to be brushed over with a solution of lunar caustic, ten grains to the ounce. A small blister to be applied to the fore part of the throat, and kept open.

12. There is a slight improvement in his symptoms. The blisters have been allowed to heal:

Croton oil, one drachm; olive oil, two drachms; a liniment to be rubbed in over the larynx, once a day.

14. The swelling on the fore part of the throat has become greatly diminished. The liniment, having been used twice, produced an abundant eruption of pustules, which have coalesced near the centre of the throat, and formed a thickish yellow crust. He expresses himself as generally better, although considerable hoarseness remains.

17. *Cerat. cetacei* has been applied to the crust, which is now exfoliating and falling off. He is altogether better. Half a grain of opium to be added to each calomel pill. Has had stertorous breathing to so great an extent nightly since his admission, as to prevent the other patients in the ward from sleeping; but this symptom has in a great measure disappeared since the use of the croton oil.

22. Mouth rather tender. To leave off the pills. Speaks louder and more clearly. To apply a bread and water poultice to the throat.

27. The eruption caused by the liniment of croton oil has entirely disappeared. Speaks still louder than at last report, and has no uneasiness or cough from swallowing hot liquids. His general symptoms have become greatly improved. He thinks he is nearly well enough to leave the hospital.

29. Through exposure to cold in the garden, he is suffering a slight return of his complaint. Complains of sore throat, and was said to have made the same noise as formerly during sleep. To resume the pills, and to have a warm bath in the afternoon.

December 6. The pills have been discontinued for a few days past. The appearance of the throat externally is much improved, the hardness of the larynx having almost entirely disappeared. There is still, however, a slight hardness over the cricoid cartilage.

8. To apply iodine to the throat externally.

11. Has been applying the tincture of iodine since last report. As the external hardness and enlargement had disappeared, and the lining membrane of the fauces had recovered its natural healthy appearance, and as he had no cough or difficulty of swallowing remaining, he was discharged from the hospital.

He appeared shortly after as an out-patient, having used nothing but the tincture of iodine to the part. He spoke in a clear and easy manner, and seemed to all appearance quite recovered from his disease.

Although this patient repeatedly affirmed that he had never been affected with syphilis, I could not help thinking that he had deceived me, and that his disease, in a measure, had its origin in, or had been modified by, a venereal taint. The marked improvement following the use of calomel confirmed me in this suspicion, and I have no doubt but that if the disease had been allowed to proceed unchecked, it would have gone on to ulceration of the cartilages of the larynx, and probably have been productive of fatal results.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF CHRONIC PLEURISY WITH EFFUSION.

HAVING read a very interesting paper in No. CXL. of your useful periodical, on chronic pleurisy with effusion, by the late J. Hope, M.D., I send you the notes of a case of the disease which I had lately under my care. Early in January last I saw Master M——, aged twelve years. He had just returned from a school in England, and for upwards of two months previously he had had a short cough, with pain in right side, and dyspnœa. The person in attendance was of opinion that the cough and other symptoms were owing to a deranged state of the digestive organs; he accordingly gave a great quantity of purgatives, and the poor boy was sent home to his father for the Christmas, with a letter to him, stating that he had been very ill; but that, under the skilful treatment of the doctor in attendance he had been quite restored. He, however, finding that the boy was very much emaciated, and was much harassed with constant cough, &c.,

&c., sent for me. I found, on percussion, that there was complete dulness extending from the right clavicle downwards, and also posteriorly and laterally; great dyspnœa, breathing also very humid, short dry cough, respiratory murmur heard feebly just under the right clavicle, but at no other part of right side could it be heard; left lung appeared to be healthy; pulse quick; skin dry and hot; sleepless nights; loss of appetite; much distressed at night with cough and dyspnœa. I looked upon the case in rather an unfavourable light, more especially as his mother had died of phthisis; however, I proposed that there should be a succession of blisters applied both anteriorly and posteriorly. This treatment was accordingly commenced, when it was agreed that Dr. Stokes should be consulted; he approved of blisters, and advised a repetition of them for five or six weeks, with the addition of two grs. of hyd. c. cretâ, to three grs. of Dover's powder, which he had been taking previously, twice a day, and after a time advised iodine both internally and externally. Having continued this treatment for a few days, I gave him half a grain of proto iodide of mercury, with three of Dover's powder twice daily, and dressed the blistered surface with the ointment of hydriod. of potass, and also rubbed in a small quantity of this ointment every night over those portions of the thorax not blistered. In a short time there was a visible improvement, and he complained of debility more than anything else. I now allowed him a small quantity of meat, and also a small glass of porter daily: as soon as his mouth became slightly affected, I stopped the mercury, but continued the ointment; he was blistered altogether about ten times; at the end of six weeks I again brought him to Dr. Stokes. The right side of the thorax, which previous to the treatment had measured considerably more than the left side, now was found to be much smaller than the left; cough gone, dyspnœa gone, and the breathing not nearly so much hurried; he was much improved in appearance, and his appetite much better; respiratory murmur was now heard throughout the whole lung, and the chest sounded clear on percussion. Dr. Stokes pronounced him cured; he has continued perfectly well ever since.

CASE OF CAVITY IN THE RIGHT LUNG, WITH FREQUENT ATTACKS OF HÆMOPTOE.

Michael Reynolds, an emaciated, wretched-looking man, of scofulous habit, aged about thirty, stated that he had just left hospital, and that he had been sent home incurable, in other words, to die; he was most anxious that I should do something for him. I really looked upon his case as hopeless; there was dulness on percussion on right side of thorax, particularly under right clavicle, where there was also pain, particularly when he coughed; this was most troublesome, and the expectoration was mixed with blood; (whilst in hospital the hemoptysis had been very great, but by active treatment this was much relieved;) he could not sleep at night with the constant cough; he told me that blisters had been tried without effect, and also tartar emetic ointment; indeed, when he applied to me he had an extensive crop of postules over his chest; his pulse was very rapid; he complained of palpitation, which was very distressing; he had suffered for seven years from frequent attack of hæmoptoe; indeed he assured me that a month or six weeks never passed without a severe attack of this kind during that period. I proposed to insert a seton two inches in length, immediately under right clavicle; this he readily acceded to, and I cupped him under the seton. I also gave him an expectorating mixture, with five drops of T. Digitalis in each dose, and Dover's powder at night; he got also the infusion of taraxacum, with a small quantity of sulph. magn. in the mornings. I at first confined him to a milk diet, but ordered him to keep in the open air as much as possible. I wrote to the resident medical officer under whose care he was, begging of him to inform me what state he was in whilst in hospital, also what was the prognosis of his case. The following is an extract from his answer:—

"When Michael Reynolds left hospital, it was the opinion of the physician under whose care he was, that a cavity had formed in the apex of the right lung. During his stay in hospital, he had frequent attacks of hæmoptoe, and emaciation appeared to be rapidly progressing. The prognosis appeared to be most unfavourable, and it was also considered that he could not live any considerable time. His brother had died of the same complaint not many months before, in the adjacent ward."

I have only now to state, that as soon as a good purulent discharge was established, the cough and other urgent symptoms gradually subsided; the seton is now in, upwards of three months, and he has been for the last fortnight at work; he called here last Sunday to get his seton dressed. I find the chest sound, quite clear on percussion—his cough is nearly gone—no hemoptysis, nor has he had any since he come to me; he has grown quite fat, and has not been so well for years; the seton still remains in. He has for some time taken meat, and a pint of porter daily, and he states that he sleeps the whole night.—*Dublin Medical Press.*

TO CORRESPONDENTS.

Books Received—

Practical Observations on Injuries of the Head. By W. Sharp, F.R.S., &c. &c., and Senior Surgeon to the Bradford Infirmary. Pp. 168. London: Churchill.

Acaromachia, vulgo Certamen Medicum de Acaro, Certis ac Evidentibus Rationibus, ex Medicina Practica Desumptis, Dirempta. By J. Ed. Feldmann. 8vo. Pp. 38.

The Oration delivered before the Medical Society of London, at their Sixty-Eighth Anniversary. By W. D. Chowne, M.D. 8vo. Pp. 72.

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THE MEDICAL TIMES.

MEDICAL REFORM.

RECIPROCITY OF EDUCATION, DEGREES, &c.

(Continued.)

We shall now develope those principles of Reform, for which we have contended by oral persuasion, and by anonymous appeals to the profession, in the journals for the last sixteen years. It is that *one* and *glorious cause*, for which we shall continue to struggle, with heart and main, for the residue of our natural lives. The leading principles rooted in our minds are these. We shall call for—

I. The *universality* and *uniformity* of adequate *preliminary* and *professional education.*

II. The universality and uniformity of an *eclectic, practical, useful,* and *operative* system of medical and surgical education combined, founded on the best experience, observation, and judgment of men of the highest human faculties, at home and abroad. We shall advocate the exclusion of hypothesis, conjectures and unanatomical theory to the top of our bent, as the eternal cause of the present confusion, backwardness, and uncertainty of medicine.

III. Unity, equality, and uniformity of education and degree for all practisers as physicians, surgeons, and general practisers, but leaving to voluntary choice the division or branch of practice, according to the circumstances, inclinations, the forte, and position of the aspirant to practical uniformity in education and degree is vindicated, backed, and exemplified, by the medical polities of every other civilized and enlightened country in Europe, and the educational system is one and the same, both for physicians and surgeons. That system, and the extinction of *purism*, has been advocated by all our most distinguished professional and practical characters in Great Britain, among whom may be enumerated Abernethy, Professor James Macartney, Sir C. Bell, and many others, and stands as firm as Adamant against the billowy force of brute power, class-legislation, and Cappadocian corruption. We have defended and fortified all the arguments and facts in favour of unity and equality of education and degree in Vol. III. of the Medical Times, (pp. 138 and 162,) and we shall conclude them as soon as possible with our remaining remarks on this most important subject. In the meanwhile we shall add a statement, which must have its weight.

"In the United Kingdom there are no less than nineteen sources of examinations for licenses or degrees; of which as many as seventeen are in constant operation." (Professor Kidd) viz., eight corporate bodies:

1. London College of Physicians.
2. ——— College of Surgeons.
3. ——— Society of Apothecaries.
4. Faculty of Physicians and Surgeons of Glasgow.
5. Edinburgh College of Surgeons.
6. Medical Department of the Army.
7. Medical Department of the Navy.

Dr. Kidd, in his list of Corporations, we think, omits—

1. The College of Physicians of Edinburgh, which grants degrees.
2. King's and Queen's College of Physicians, Dublin, which does the same.

In his list of chartered Schools and Universities, he omits—

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1. The Royal College of Surgeons, Ireland.
2. The Metropolitan University, sitting in a room in London.—Is this last intellectual Golgatha defunct or alive, or still in semi-animate and equivocal existence?

Next come the ten universities, "seen in us:"—1. Oxford; 2. Cambridge; 3. Dublin; 4. Edinburgh; 5. Glasgow; 6. Aberdeen; 7. St. Andrew's; 8. London; 9. Durham. (Others that as yet do not grant degrees.)

10. Why does not King's College, London, grant degrees? We have lately attended a lady, the sister of Mr. W., a pupil of theirs, who has in this session achieved the first honors in one, and stands second in two other classes, for which he has been rewarded with prizes, beautifully gilt and engraved certificates, and certain standard works, as Professor Andral's Clinics, &c. How does Durham go on? Have Lampetes and the Northern Lights any commerce with physic?

The result is, that in these ten medical and surgical corporations, and eleven university schools, all of which are "seen in us," to the amount of twenty-one, there is not one UNIFORM OR EQUAL system of education, but as many modes as these Faculties are in number. Also, these 9 corporate bodies, that examine and grant diplomas and licences, vary alike in their courses of study and examination. It is a fact, at first hardly credible, that scarcely one of these institutions can afford any legal protection to its members, except the London Society of Apothecaries and the Corporation and Faculty of Physicians and Surgeons of Glasgow, which lately, by an appeal from the inferior courts of Scotland and England to the appellate jurisdiction of the House of Lords, has obtained that confirmation of an ancient law by which they have been empowered, as formerly, in the reign of James VI. of Scotland and I. of England, to debar or fine and interdict all graduates of the university in medecine or surgery, and all persons attempting to practise medicine or surgery within their bounds.—(See *Medical Times*, vol. iii., No. 63.) Hence, from its inequalities and divisions in grade, education, and examination, the entire system of medical education is more imperfect than in any country of the civilized and habitable globe, except Spain. We have from nineteen to twenty-one examples of incongruity, anomaly, and disunion, in these respects. It is a subject that requires the most full and considerate investigation. The profession being thus split into innumerable factitious divisions and subdivisions by the different modes of faulty education, examinations, and consequently of degrees, grades, and privileges. The *few* are unfairly elevated, and the *many* are unjustly depreciated in the eyes of the public. The precise and regular boundaries of the profession are undefinable, and the most part of them militate against each other. We have—

1. Oxford and Cambridge, two ecclesiastical universities, whose resources for medical education are considered, even by their own members, the established clergy, to be very equivocal, and patched up by unrevised and voluntary foreign study. But, though Oxford and Cambridge are no schools of medicine and surgery, it is allowed that their system of preliminary education, college examinations, and moral discipline, with some exceptions, is the best.

The third, on the same foundation, is their "silent sister," Trinity College, Dublin, whose superior method and selection of courses and examinations, in arts and medicine, is much more broad, comprehensive, relevant, and satisfactory in all respects than those of Oxford and Cambridge. But she has disgraced herself by the mercantile spirit with which she has endeavoured to forestal Edinburgh and the old Scotch dub-shops, by granting pieces of paper, without validity, to certify three or four years' medical education under the hands of the professors, which the Army Board have rejected with contumely, as highly reprehensible and illegal; though many Irish SPA-Doctors, practising in watering-places, and many British impostors, practising in the continental cities, have them, and pass off these *billets-doux* of sordid old Alma for her regular and fundamental diploma. We shall hit her hard for this abuse, and expose the names of all the paper-doctors, at home and abroad, who have had recourse to her secondary, unlawful, and shabby certificates.

The rest all vary and differ from each other. The same may be said of the examining bodies.

It is on these grounds, principally, that we advocate uniformity of education, degrees, and examinations. We shall of course advocate UNIFORMITY of RANK, TITLE, and PRIVILEGES, as well as of EDUCATION and DEGREE, in England, Ireland, and Scotland; for arbitrary, exclusive, CLASS-distinctions and divisions are opposed to nature, justice, equity, and the representative principles; and propitious only to influence, caste, clique, money, cunning, vanity, and self-love. Some worthy Reformers propose a second grade. If it could be decided by the pure tests of a man's works and actions, and conferred on superior merit and desert alone, after a strict metaphysical and moral analysis of his powers and capacities, and his life, conduct, and reputation, whether he was governed by high moral feeling or high moral turpitude, we could give, heartily and readily, our sanction and support to the proposition of TWO GRADES.

We shall also advocate, not only an UNIFORM system of general and medical education in all the British medical university schools and faculties, as well as in the private schools of medicine or surgery in the United Kingdom; but we shall recommend, moreover, that it be conducted on EQUAL TERMS of EXPENDITURE.

The Hall witnesses declared: "If it were possible to equalize the system of education, and make it the same throughout the three kingdoms, WE are really to grant the fullest reciprocity, by undergoing a course of studies and examinations of equal efficacy, to give equal validity to the degree, diploma, or licence of every university, college, and faculty within the United Kingdom, provided they registered them with the payment of a small fee with us."

This profession was worthy of the liberality of a body that has done more, legislatively, to improve the respectability and protect the regular rights of the medical polity, than all our twenty-one corporations and university schools put together.

OPERATION FOR FISTULA LACHRYMALIS.

THE os lachrymale, or the lachrymal bone, is, you see, an extremely thin, small, and very brittle scale of bone, nearly oblong in form; and it obtains its name from being subservient to the conveyance of the tears from the eye to the nose. On account of its form being resembled to a finger-nail, it is frequently termed os unguis.

It has, you perceive, a *superior edge* connected to the orbital process of the frontal bone; an *inferior edge* to the orbital process of the superior maxillary bone; an *anterior edge* to the nasal process of the last named, and a *posterior edge* to the orbital process of the ethmoid bone.

The *external surface* of this thin plate forms, you see, two concavities, which are parted by an *intermediate perpendicular ridge*.

The part forming the posterior concavity is called the *orbitar portion or plate*; it is very smooth, the least hollow of the two portions (being but very slightly concave), and constitutes the anterior fourth of the internal side of the orbit. The smaller anterior portion of the bone, which is the true *lachrymal portion*, constitutes the deepest, narrowest, and roughest of the two concavities, having minute foraminula to accept of the adhesion of the outer surface of the lachrymal sac; the posterior side of the sac is received into this part of the bone, and, additionally to the periosteum, closely lines it.

Now, as this bone is only formed of one very thin lamina, the internal or nasal aspect must be just the reverse to the external orbital—it must, instead of two concavities, present *two convexities*, and a middle sulcus, which latter shell corresponds to the ridge of the external surface.

The convexity or nasal aspect of the orbital portion, like the orbitar process of the ethmoid bone, adheres (in the adult by an anchylosis of substance) to the sides of the ethmoidal cells, intercepting them from the orbit. The convexity of the anterior portion forms a part of the parietes of the meatus medius nasi, *and this is the part which must be perforated in the operation for fistula lachrymalis*: if the perforation is made too far backwards, the orbitar process or portion of the lachrymal bone will be perforated, the ethmoidal cells injured, and probably exfoliation or unpleasant consequences ensue; if the perforation be applied too far forwards, against the nasal process of the superior maxillary bone, the perforation will not enter the nose through this, on account of its density and thickness. This error is not unlikely to

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be committed, on account, you perceive, of the posterior longitudinal half of the lachrymal fossa being formed of the lachrymal portion of the lachrymal bone, and the anterior longitudinal half of the nasal process of the superior maxillary. I recollect being by the side of a pupil once whilst he was performing this operation, which was one of his first. He had unfortunately got the trocar against this nasal process, and he was pressing against it to no purpose. What was to be done? I could not take the perforator out of his hand, because that would be an acknowledgment to the bystanders of his incompetency. After bethinking myself a moment, I went close to his side, and managed to give his elbow a *slight push*, which occasioned the trocar to slip at once very nicely, through the true lachrymal portion of the lachrymal bone—so much for a lucky push!

To perform this operation, a short vertical incision is made through the parietes of the distended sac, just *below* the tendon of the orbicularis palpebrarum; the tendon, you perceive, forms this short transverse ridge at the internal canthus of the eye. A probe must then be introduced downwards through this opening into the ductus ad nasum. If the impervious state of the canal is only produced by diseased secretion from the meibomian glands, or inspessated pus and mucus (furnished by a diseased action of the parietes of the sac itself), or by coagulated lymph blocking up the canal, or if a slight thickening of the mucous membrane contributes to the obstruction, its perviousness may be restored by this operation, and must be preserved by keeping one of Mr. Ware's styles in the duct for a couple of months or thereabouts.

But it must be understood, if you please, that this operation can, in a vast majority of cases, be superseded by introducing a probe from below upwards through the duct. This duct diminishes in calibre from above downwards; therefore in passing the probe in the old way from above downwards, you press the obstruction from a greater into a smaller part of the canal, whereas in passing it from below upwards it is pushed from a smaller into a greater space; therefore the obstruction in the latter direction is the more easily overcome. You perceive I pass the probe bent in this manner into the meatus inferior nasi beneath the inferior turbinated bone, and so pass it upwards through the duct into the lachrymal sac.

If the obstruction is the result of a more solid concretion, or diseased granulations, or very strong adhesions of the parietes of the canal by means of organised coagulable lymph, the surgeon may be foiled in making the canal pervious, and must then introduce through the incision of the integuments a small trocar, must guide it backwards fairly over the orbital edge of the superior maxillary bone below the tendon of the orbicularis palpebrarum, and push it with care through the true lachrymal portion of the lachrymal bone. Thus making a direct opening between the lachrymal sac and the meatus medius nasi, to supersede the natural ductus ad nasum. This artificial opening must be preserved, if possible, by keeping introduced through it for several weeks a piece of bougie or a short style, so as to counteract the natural disposition of the opening to become obliterated by the deposit of osseous matter.

It was in consequence of this that John Hunter had recourse to the expedient of using a very small trephine, but it was not attended with any advantage.—*Notes from Mr. Dermott's Lectures on Anatomy.*

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

In the pencillings of medical politicians, the next that I present to your notice is Dr. Green. He has been an active member of the Council as long as it consistently advocated reform, and adhered to a straightforward line of policy. He entered at once, and repudiated any connexion with that body as soon as the contrary became the order of the day. He is a stout, powerful young man, of about thirty-six years of age, with a chest and muscular development almost equal to a brewer's dray-horse. His profile is sharp and intelligent, with an agreeable reflecting caste of countenance, an unassuming inoffensive modesty of demeanour, which nothing disturbs: if excited or irritated, it is so unusual a circumstance that he is not easily appeased. He is a native of the South of Ireland, and has imported the brogue without the least diminution of flavour, richness, or thickness. As a speaker, diffident to a fault; the Doctor hurries rapidly through whatever he says, as if he considered that you disbelieved everything that he advances, and is as unwilling to speak, as a timid witness to open his mouth in the presence of a crabbed cross-examining counsel. He is not ambitious to be regarded as a good speaker. He is content to be a profound thinker and a moderate writer. *Non omnia possumus omnes.* As a reformer, his honesty is unimpeachable. He is, we think, slightly tinged with aristocratic predilections; the shadowy pageant of titles captivates him; the Corinthian order of M.D.'s, whose charms, he thinks, do hedge around their possessors with a dignity that it would be a sacrilege to abolish.

He stands about five feet ten inches. The latent power, the giant might that slumbers in his brawny arms, makes his neighbours as civil and polite to him as he is on all occasions to them. He has given his special attention to the diseases of children, which have been more or less neglected in the country. What has appeared on this interesting subject have been but catchpenny publications. He has availed himself largely of the splendid opportunities that France furnishes to students in the noble institutions dedicated exclusively to this class of diseases. The scientific and accurate mode of reporting, his fidelity of description and happiness of language, in which we have a good specimen of the simple definition—proper words in proper places—with an adherence to Nature and her pathognomonical signs, which have them justly admired. As an eminent artist he works up his pictures with the greatest accuracy, and gives them all those delicate touches which please the nicest and most correct eye. They are very finished performances.

He has written a very elaborate work upon the irregularity of the arteries. It evinces great research, but is not much read. We trust that he will not allow himself to be contaminated with the moral subserviency of the Council of the Provincial Medical Association, who now, after several years' consideration and mature deliberation, have come to the magnanimous determination [Lord save us!] of memorializing the Government, and approaching "the powers that be" in the most abject and vassal style of Oriental prostration, with bated breath and whispering lowliness, beseeching a Conservative Government to grant as a favour certain changes, totally inadequate to the grievances, to the exigencies of the profession, and which the general body would scorn to accept as a remedial measure, and not demanding as an inalienable right the principle of self-government, which both parties in the state have already conferred upon every corporate institution in the empire. It is an axiom proved by experience, that all bodies politic, as well as individuals, that the abuse of the power intrusted is as certain as its possession, without some competent check; that in corporations the shame of guilt is split into so many fractional divisions that no one feels it. Surgeons, and Practitioners of the Association, what emasculated animals you must be! "Your fathers' minds are dead, and ye are governed with your mothers' spirits," to submit to such terms as were propounded at the last meeting; to bow down in patient acquiescence, to the doctrines of Dr. Hastings, who seems to carry you in his breeches pocket, and apply you to any unmanly use he thinks proper. It is quite obvious that he seeks to perpetuate the power of the Colleges; that the Corinthian order of physicians, of which he is a *shining ornament*, should not be curtailed of its fair proportions. Although it is an imposition, it carries with it the notion of superiority of acquirement in the minds of the ignorant. Although it has been established that the requirements to pass the examination at Apothecaries' Hall is more varied, more numerous, more practical, and therefore more useful—although thirty per cent. of the dubs like Dr. Hastings have been rejected—they have been unable to pass the examination at Apothecaries' Hall with their physicians' diplomas from Edinburgh—yet this "Daniel come to judgment" would still support the system that has been productive of discord, division, disgrace, and degradation of the profession generally, and of imposition upon the public. It is now quite clear that the general practitioners must not flatter themselves any proper system of reform will be cordially promoted by the dubs who profit by the present absurd divisions. His organ, or mouthpiece, in the last week's leading article, declares that "there will be no breaking up of all existing institutions, *no levelling of grades*, no swamping of physicians and pure surgeons, by indiscriminate enrolment or incorporation with the more *numerous class*. There is to be an aristocracy in physic, and you are to institute it, pure and disinterested Reformers! Methinks that merit and scientific acquirement would be the best title to distinction. *Sic aliter visum est.* I must enlighten the ignorance of the Doctor, and assure him that if such opinions were openly avowed at a great meeting of the profession in London—if it were laid down as a principle that a half-educated dub of Edinburgh or St. Andrew's were to claim superiority over a distinguished cultivator of science, who was too proud to purchase a fictitious rank by surreptitious means, they would be met "on all sides, from innumerable tongues, a dismal universal hiss, the sound of public scorn."

The Doctor confirms the observation of Junius—"what a labyrinth of nonsense a man involves himself who labours to maintain folly by argument." He talks of uniformity of education as the only fundamental principle of amelioration. This would imply, as a matter of course, you would suppose, uniformity of rank. Not so; the distinction, the reward is to be all on one side. One is to enjoy higher rank and better pay, and to attend the rich; and the other, who is to have the same education, is to be of inferior station, to be less remunerated, and to attend the poor. This is the rational, just, and wise doctrine which the Doctor enunciated, that folks travelled "many a mile and long to listen to." Such the magnificent development of a miserable abortion of a wretched conception, which this Council has at last been delivered of! This is a weak invention of the enemy; an attempt to divert us from the real purpose and business of reform. Sir Robert Peel, they know, will never bring in a bill to reform the corporations, and this is the very

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reason which they have memorialized him to do so.

Some accounted for the delay of the Council, by asserting that they were acting upon the tactics of Fabius—"*cunctando restituunt rem*;" and at the last, the eleventh, their bold movements, their spirited remonstrances, their combined exertion, their just, full, and unobjectionable, would have carried all corporate existence before them. Alas! that a failure—*montes parturiunt nascetur ridiculus mus*. We do not despair. We see what we are to expect. We foresaw—from the commencement we foresaw, that the profession would take a middle course, between the exclusiveness of the one and the extravagance of the other Association. Webster, as the champion of the latter, cut a sorry figure, I understand, at York. We begin to pity him. Derided here—defeated there—he may say with Sinon, "*Quid jam misero mihi denique restat, cui neque apud Danaos usquam locus et super ipsi Dardanidæ infensi pœnas cum sanguine poscunt.*"

The failure of the Provincial has done much for the British Association, if they had brains to avail themselves of it. I will volunteer the following instructions:—Let them amend their manners; let the dynasty of diplomacy cease to reign; contend for the principle of self-government, and uniformity of education and examination as preliminary means to ultimate general incorporation; appeal at once to the profession; lessen the amount of annual subscription; elect a permanent council of clever men; throw such men—such lumber—as Davidson, Smith, James, and other *incubi*, overboard; prepare a Bill, entitled, not Medical Reform, but simply Medical Corporations' Amendment Act; let Webster resign at the proper time; adhere honestly to your rules; let clanship and intrigue be banished; and there is a chance of again rallying.

Simpson is another fine-looking, big, burly personage. Dame Nature turned him out of her mould in her best proportions.

He is a man of solid rather than sparkling or brilliant parts; there is more body than effervescence in him. Although liberal to him in her personal favours, she did not neglect his mental accomplishments. This soft-faced, ruddy-complexioned, large-whiskered gentleman is the antithesis of the starved apothecary, and more like Nimrod the hunter than the pale, meek-eyed slave of disease. He stands about the same height as the subject of the last sketch. His sleek skin and his plump figure satisfy you that he is not an advocate for infinitional doses in diet. He lives in Guildford-street, and in Broad-street, and has the power, like Sir Boyle's bird, of being in two places at one time. He is a Whig, and something more, and very popular with his party. He is an utter exterminator of the corruption of the Augean stables of medicine, very assiduous in his attendance on the council, until it began to depart from the standard of perfectibility, which it professed. He has abandoned them to their fate. He is a sensible, not an eloquent, speaker. He never aims at ornament or effect. He tries to compress the greatest quantity of matter into the smallest possible space. He has ideas in plenty; but what has been said of an eminent countryman of his—we forgot to tell you that he is an Irishman—is in a degree applicable to Simpson—"With the improvidence of his country, he flings a brood of robust thoughts upon the world, without a rag to cover them." He is not particular in the dress in which he clothes them, and pays more attention to the matter than the manner of his discourse. "Few are his words, but wonderfully strong."

He firmly and ably supported Lynch's missiles, plumed with wit and bitterness, and pointed with truth, against the downward tendency and retrogressive policy and folly of the council. His sarcasm and indignant denunciation of their intrigue and selfishness were well followed up with the stern and just reproof of Simpson. These predictions of the disaffection that was abroad of the secession that would ensue from their acts, have been fearfully realised. His "Essay on Medical Reform," that appeared in one of the Quarterly Reviews, was a clear, clever, unexaggerated statement of the grievances of the profession, and proves the writer a sensible talented man, with head and heart honest, and in the right place. We regret that our sketch is so short. We entered too largely into general politics, to enable us to do justice to this gentleman, to whom the profession is largely a debtor.

M'Cann, the secretary, and some of small fry, such as James and Smith, next week.

PROBE.

To the Editor of the 'Medical Times.'

SIR,—My attention has been for some time past directed, by reading your valuable Journal and other periodicals, to the strenuous efforts now being made by some of the enlightened heads of the medical profession, as Sharpey, Marshall Hall, Webster, *cum multis aliis*, to obtain legislative redress, in order to improve the sunken and degraded state of the profession, and the system of examinations, as at present practised at the Apothecaries' Hall and the Royal College of Surgeons; and, as the present era is remarkable for its intelligence and purifications, when every member and grade of society is eagerly thirsting after Reform, and the crushing of abuse, whether imaginary or real, the senior grades of the Therapeutic art must not be surprised if their own misdeeds undergo the ordeal of reforming or correction, in order that a brighter sun may dispel the clouds that have so long obscured the horizon of this noble science.

I purpose calling your attention, Sir, to the *farce* of the examinations as at present conducted at the College. Is it not a notorious fact, that the most ill-qualified and illiterate practitioners have in their possession a testimonial, stating that they are worthy and fit to practise the art of Surgery? And where, let me ask, did they obtain what little they did know, but from such men as Power, Hinde, Steggall, who grow rich on the ignorance and laziness of such men? for more than half that do actually pass, have never had a scalpel in their hands, and if you were to ask them to cut down and dissect the pharyngeal artery, you would annihilate them at once. The majority of the students are instructed by their grinders to make themselves masters of what they call the "Probbies of the Examiners;" as, for instance, Thomas on the Muscles, attached to the Scapula, and the course of the Pneumogastric Nerves; Keates on Diseases of the Testicles; Andrews on Diseases of the Rectum; Lawrence on the Eyes and Nose; Cooper on Hernia; and Brodie on Diseases of the Joints and the Brain; and by doing this they manage to get through, sometimes with great éclat. The Examiners should make it their especial business to ascertain what is the amount of *practical knowledge*, drawn from their own observation, which the several candidates possess; and with this view they should interrogate them, not so much about what they have been taught in Lectures, as about *what they have themselves witnessed*, and which cannot be learnt by rote; and instead of only a quarter of an hour at each table, it should be at least half an hour; and there certainly ought to be a table devoted to Special Physiology; for the Examiners should bear in mind that the intention of medical education is to make, not philosophers, but skilful and useful practitioners; and that an *efficient* examination, which distinguishes the well-qualified from the ill-qualified practitioner, and sends the latter back to improve himself by further study, cannot fail to be of essential service to the community at large; whilst an *inefficient* examination, like the present, which gives to the idle and the ignorant the same licence which it gives to the industrious and well-informed, is worse, almost, than no examination at all, and highly injurious to the interests of the profession.—But, for the accomplishment of these objects, it is necessary that the Board of Examiners should be rendered as efficient as possible; and I fear we have little to expect, by way of amelioration or reform, with Guthrie and White at the helm, unless Brodie and Lawrence step forward in the hour of need.—I have the honour to be, your obedient servant, S. H.

London, Sept. 24, 1841.

PARACENTESIS OF THE PERICARDIUM.

BY DR. SCHUH.

A FEMALE of delicate constitution, aged 35, became affected with effusion into the pericardium; she was exhausted, the dyspnœa prevented her from lying down or sleeping, and hydrothorax and œdema of the feet soon supervened. It was determined to puncture the pericardium, and as it was thought that the heart would fall downwards, because of its specific gravity, a trocar was pushed into the third intercostal space close to the sternum, and internal to the internal mammary artery; the instrument was passed in pretty deeply, and directed backwards. A few drops of blood alone flowed, and a bougie passed through the canula touched the great vessels, which were easily recognised by their pulsation. The operation was immediately repeated in the fourth intercostal space, on which a certain amount of reddish serum immediately flowed out. That night the patient slept; after a few days the œdema of the feet had disappeared, and the dyspnœa had much diminished; at the expiration of three or four weeks the effusion into the pericardium had disappeared, as had also that into the pleurœ. The amelioration followed so immediately on the operation, that it could only be attributed to it.—*Medicinische Jahrbuch, des Œsterreich Staates.*

STATISTICS OF SUICIDE IN FRANCE.—The number of suicides in France during the year 1839, amounted to 2,717, of whom 698 were females, 486 of the number falling to the share of Paris alone. The number of suicides seems to be annually increasing; but the recorded numbers cannot be at all received, as representing the actual number of suicides committed, for many cases of suicide are classed with the accidental deaths, either because of some doubt respecting the case, or by the contrivance of the relatives of the deceased. The following is the list of the ascertained suicides in France during the last four years:—

1839	..	2,717
1838	..	2,566
1837	..	2,413
1836	..	2,310

Gazette Medicale.

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EMPLOYMENT OF DEUTO-IODURET OF MERCURY.

In the year 1821, M. Coindet, of Geneva, employed the preparations of iodine in the treatment of scrofula. In 1822, Professor Brera, of Padua, introduced them as a remedy in syphilitic affections; at a somewhat later period, M. Biett employed them at St. Louis for various diseases of the skin, and drew attention particularly to the proto-ioduret of mercury.

In 1836, M. Gibert made some experiments at the Female Venereal Hospital, with the deuto-ioduret of mercury, prepared after the formula of M. Boutigny. During the course of last year M. Gibert has repeated his experiments at St. Louis, and obtained such advantageous results that he is desirous of directing the attention of the profession to this remedy. It is peculiarly applicable to those difficult cases which resist ordinary remedies, and to scrofulous eruptions, which resemble in appearance syphilitic diseases of the skin. The deuto-ioduret of mercury is soluble in a solution of iodide of potassium, with which it combines and forms a double iodide of mercury and potass. The following is M. Boutigny's formula for the syrup:—

Deuto-ioduret of mercury, one scruple;
Iodide of potassium, fifty scruples;
Water, fifty scruples.

Dissolve, filter through paper, and add of fine syrup, 2,400 scruples.

A common table-spoon will contain twenty-five scruples of the syrup, and this is the dose in which M. Gibert commonly gives it. Each dose will contain one-fifth of a grain of the deuto-iodide of mercury, and ten grains of iodide of potassium. The proportion of the iodide of potassium employed in this syrup, is greater than would be required to hold the deuto-ioduret in solution, but it is useful to have an excess of the potass. The taste of this syrup is much more agreeable than that of any other mercurial syrup, but should the patient object to it, the following pills may be substituted:—

Deuto-ioduret of mercury, 0·10 scruples;
Iodide of potassium, 5·00 scruples;
Gum arabic, 0·50 scruples.

Honey enough to form into twenty pills. Two of these pills taken in the morning, will represent the same dose as the tablespoonful of syrup.

M. Gibert related several cases of syphilitic and scrofulous eruptions, in which the syrup of deuto-ioduret of mercury succeeded after all other remedies had failed to obtain a cure.

CHRONIC RHEUMATIC ARTHRITIS OF THE JAW.

Mr. Adams presented specimens of chronic rheumatism of the joints, or, as it has been termed, chronic rheumatic arthritis. He had on former occasions exhibited specimens of the disease in almost every joint of the body; for as persons affected in this way generally die of other diseases, an opportunity is afforded for making post-mortem examinations. For the specimens which he was about to lay before the Society, he was indebted to the kindness of Dr. Kirkpatrick, and Dr. Duncan. In this instance the patient died of acute inflammation of the larynx. The appearances before him were those of an advanced stage of the disease, but in which the morbid alteration was not complete. Mr. Haygarth, of Bath, the only author who has alluded to this form of disease, has termed it nodosity of the joints. He has described the disease in the hands, and it has been also noticed by Sir B. Brodie. Mr. Adams exhibited a cast of a hand affected with this disease, and observed that no one had as yet described a similar condition of the foot or of the jaw. The disease was said to occur only in persons advanced in life, but it has been seen in persons from thirty to forty. In the case before him there was deformity both of the hand and foot. The disease was attended with pain, frequently of an acute character, and the usual phenomena were observed after death, osteitic deposits and destruction of the articular cartilages. Mr. Adams said he would not detain the meeting with any remarks on this subject, as the disease had been fully described by him in the Cyclopædia of Anatomy and Surgery, edited by Dr. Todd. He believed, however, that the state of the lower jaw had not been described by any writer, as far as his experience went. In the case before him the jaw was affected in a very remarkable manner; and in order to convey a correct notion of the appearance of the parts during life, he would beg leave to send round a drawing taken by Mr. Conolly. On examining the lower jaw, Mr. Adams found the head of the bone greatly enlarged; the condyle was also augmented in size, being nearly an inch longer in its vertical direction than it is in the normal state. The glenoid cavity, instead of retaining its natural shape, was quite oval, and like the glenoid cavity of the scapula; and instead of the maxillary eminence, in front, there was one uniform oval depression. The aspect of the patient, although contorted, differed very remarkably from the case brought forward by Mr. Smith; in Mr. Adam's case there being hypertrophy of one side instead of atrophy.—The disease is not always confined to the ends of the bone, but sometimes extends to their shafts. Mr. Adams said he thought that this affection of the temporo-maxillary articulation had not been noticed by writers. In the case which he brought before the meeting, the progress of the disease had been watched, and the subsequent dissection had proved the diagnosis to be correct. He would not make any farther observations on the subject, as he had already published his views in the Cyclopædia of Anatomy and Surgery.—*Dublin Journal of Med. Science.*

TARTAR EMETIC IN STRANGULATED HERNIA.

By F. H. CHURCH, Surgeon.

John ———, a labourer, 64 years old, has had an oblique inguinal hernia for thirty years: has worn a truss during the day, removed it at night, when the hernia invariably descended. Never had any difficulty in reducing it until the 18th inst., when after repeated fruitless attempts, he sent for me; I found his hernia strangulated; tried the taxis without effect; bled him to syncope. The hot-bath could not be procured, it being a country place. The taxis was again employed ineffectually. While under the sedative effect of bleeding, gave ten grains of cathartic extract, followed by a black draught: waited four hours; no evacuation per anum. Stercoraceous vomiting commenced; recommended an operation. Patient would not submit to be cut, as he called it; preferred dying in a whole skin. Extensive peritoneal inflammation was soon evident, from the excessive tenderness, tympanitic state of the abdomen, and all the other symptoms indicating inflammation of that serous sac. The vomiting was now painful to witness. I injected per anum four pints of tepid water, containing four grains of tartarized antimony. In about half an hour the vomiting ceased. Gave by mouth ten drachms of castor-oil. In two hours the bowels were copiously relieved; calomel and opium vigorously employed; subdued the peritoneal inflammation. I should have said, the taxis was again tried; soon after the bowels were relieved without effecting reduction; but as soon as mercurial action was established, very little manipulation was necessary for its complete reduction.

I am not aware that tartar emetic has been employed before this case in strangulated hernia; nor should I, under ordinary circumstances, have tried it myself; but here was an old hernia, which had attained the size of a Florence flask, or rather of a pint pot, containing evidently a large quantity of fæces; everything that could be expected from sedative treatment alone had had a fair trial in bleeding to syncope. The patient would not be operated on; I had no alternative but that of abandoning my patient, or of devising some remedy which would combine the action of a *general* depressant with that of a *local* stimulant. From the known local stimulating action of tartar emetic applied to the skin, a natural analogical reflection led me to apply it to the mucous surface, with the hope of stimulating it, and through it to the muscular coat, while its absorption into the system would act as a general sedative; so that while we had increased peristaltic action, we would get the general relaxation favourable to reduction. Whether nature has seconded my views in the way which I have endeavoured to explain, is submitted to the investigation of my scientific brethren. The result, however, was satisfactory.

NEW APPARATUS FOR OBLIQUE FRACTURES OF THE SHAFT OF THE FEMUR.

By M. FOCACHON.

The patient being placed in a horizontal posture, a bandage is applied from the toes to the groin. This done, two double bands, half of each of which remains loose, are placed by the sides of the limb, and extend from within a short distance of the seat of fracture for about a yard downwards. These are intended to furnish the principal fixed point for the continued extension, which M. Petrequin, the inventor of this method, calls *permanent parallel extension*.

To fix them firmly in this position, they are starched, or covered with a layer of dextrine, and then rolled round with another bandage; and then another quantity of starch or dextrine is applied over the whole together. An assistant constantly keeping the limb in a horizontal position, and at the same time maintaining some extension of it, the other half of each of the bands, which was hitherto left loose, is now applied along either side of the limb, and arranged like the first, so as to go to the same distance beyond the foot as it does. Two fresh rollings of the bandage, and another layer of starch, serve to fix this band in just the same manner as the first. Six or eight very narrow and flexible splints, almost as long as the femur, are next applied over the fracture, and are kept in place by a bandage; and if necessary, a second layer of splints, and another bandage, are added; and then the whole are well starched, to fix them all in one firm mass. Long rigid splints, with two pads, fix the limb laterally, as in the method commonly employed, till the solidification of the apparatus is completed; and two flexible splints are placed behind, and two in front of the thigh, in order that the compression may be made methodically and equally over every part of the limb. The leg, since it does not naturally lie in the same plane as the thigh, must be slightly raised by a little cushion so as to bring it to the same level. The ap-

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[illegible] being thus disposed, and having dried, the constant extension of the limb is made by means of a weight, greater or less according to the circumstances of the case, which is fixed at the [illegible] extremity of the two bands already described as passing from below the fracture to beyond the foot, and which are carried over a rod at the bed's foot, and made to slide on it as on a pulley.

The advantages of this mode of extension are, that it acts over a considerable extent of the limb without fatiguing the patient; that it acts only on the lower portion of the fractural bone, and thus more effectually and more regularly; that it draws uniformly in the direction of the axis of the limb, and parallel to the fractured bone; that it prevents shortening, and that the patient cannot escape from its influence by sliding down lower in the bed.—*Med. Ga-*

CASE OF PARALYSIS OF THE PORTIO DURA.

By HENRY THOMPSON, M.D., of Trellick.

DOROTHY BRADON, aged 40, mother of four children, applied to me on the 11th of April, 1841, with complete paralysis of the left side of the face, engaging all the parts supplied by the portio dura. She complained of some pain in the left side of the head, referred principally to a point of small extent, about an inch above, and half an inch behind the mastoid process, where there was some tenderness on pressure, but no other appearance of inflammation; the hearing of the left ear was somewhat impaired, but the sensibility of the affected parts was perfect, and the eye had not suffered in any way from the exposure consequent on its constantly open state. She complained of a feeling of languor and debility, with a tendency to perspiration on slight exertion—her pulse was strong, full, and frequent—tongue foul—appetite gone—bowels confined—the uterine functions were healthy, and there was no paralysis of any other part of the body.

She stated, that without any previous indisposition, she had been suddenly attacked at night, about a fortnight before, by a very acute pain in the situation above described; the part was extremely tender to the touch, and she thought somewhat swelled; at the same time she remarked the hearing of the left ear impaired; the severe pain did not last more than half an hour, when she fell asleep, and in the morning was surprised to find her features all twisted to the one side; since then she has had several similar attacks of pain, each lasting about half an hour, and leaving her in the intervals in the state above described.

I immediately took 12 ounces of blood from the arm—cut away the hair from the affected part, and made an incision laying bare the bone to the extent of an inch; a small artery was opened by the incision, which bled freely; when it had ceased I filled the wound with lint, and ordered a poultice to be applied thrice a day, till a discharge was established. She had five grains of calomel that night, and a purgative draught next morning.

April 18th.—No return of pain—hearing perfectly restored—some tenderness of left side of head remains—wound healed—paralytic symptoms unaltered. Vesicatorium nuchæ.

R. Massæ. pil. hydrargyri gr. v. bis die.

May 10th.—Mouth sore for the last fortnight, without any improvement in paralytic symptoms—general health now good—scalp shaved, and blister applied over part where pain commenced, which is now free from tenderness

June 13th.—Paralysis continues unaltered—one-twelfth of a grain of strychnia was given three times daily.

20th.—The strychnia caused spasmodic twitching of the paralysed parts very soon after the commencement of its use, and subsequently after every dose; the twitching is confined to the affected parts, and accompanied by shooting pains along the back, and up the temple. No improvement in paralytic symptoms—conjunctiva slightly inflamed. Cont. pulveres.

July 11th.—Since last report the medicine was omitted for a week, a dose of blue pill, followed by a purgative draught, having been administered in the mean time. After the operation of which, the strychnia was resumed, and the same effects were produced. There is now a visible improvement, the distortion of the features much less remarkable, but no power of closing the eye yet.

25th.—Improvement continues—can now close the eye partially—inflammatory appearance of conjunctiva lessened.

Omitte strychium; habeat.
Pil. Hyd. gr. v.
Haust cathart. infus. sens. c. sulph. magnesiæ mane sequent.

September 12th.—Since last report she has been at the sea-side for three weeks, and has been gradually improving—the paralysis is now scarcely perceptible—power of closing the eye all but perfect—inflamed appearance of conjunctiva gone—general health good.

Sept. 2d, 1841. A year has now elapsed without any return of the symptoms. She has been ever since, and is still in very good health, without the slightest appearance of distortion of the features, or any remaining effect of the disease that I can perceive, except that, though she can close the eye perfectly, she cannot do so with any degree of force; this is, however, a defect which is not perceptible to any common observation, and has no injurious effect, either on the functions of the part, or on the appearance of the countenance.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 11th September, 1841:—

Epidemic, endemic, and contagious diseases	180
Diseases of the brain, nerves, and senses	158
Diseases of the lungs, and other organs of respiration	238
Diseases of the heart and blood-vessels	11
Diseases of the stomach, liver, and other organs of digestion	101
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	0
Diseases of uncertain seat	106
Old age, or natural decay	44
Deaths by violence, privation, or intemperance	15
Causes not specified	1
Deaths from all causes	869

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

AMPUTATION OF THE LEG.—NEW TOURNIQUET.

Aug. 18. To-day Mr. Fergusson removed the leg below the knee in a patient affected with incurable disease of the ankle-joint. Previous to the operation, Mr. Fergusson placed a new kind of tourniquet on the limb, but found that he could not in the present instance rely upon it, particularly as he was very desirous of preventing any considerable loss of blood, as the patient was in a reduced state.

The new instrument in question, is in the form of a horse-shoe, having at each extremity a pad similar to the pad of a truss. These pads are adapted to the parts to which it is necessary to apply them, by a screw placed in the middle of the curve of the tourniquet. Mr. Fergusson remarked, that he thought the instrument might be usefully employed in some situations of the body, where it was necessary to use a tourniquet. In the present instance, however, a slight touch might have disarranged the pads, and left the vessel free; and he therefore did not feel justified in trusting to it. With some alterations, particularly in the form of the pads, he thought it might yet be made a valuable instrument, even in amputations of the extremities.

SPIRIT OF THE MEDICAL PRESS.

OBSTRUCTED CIRCULATION FROM VARICOSE ENLARGEMENT, OR INFLAMMATION OF THE VEINS.

THE discrimination of the cases falling under this head is rarely difficult. When a venous trunk is simply enlarged, it is sufficiently evident to the eye, where superficial; but inflammation, confined to no part, may arise in any situation, and is sometimes not very readily distinguished. Almost any irritation appears occasionally capable of exciting inflammation in the coats of veins, and when fairly established, great tenderness referred to the known course of the affected vessel, if deep seated, or a hard tender painful cord beneath the skin, if superficial, connected with febrile excitement, will determine its presence. But this affection is so prone to extend itself, and so difficult to remove when established, that it becomes an object of the highest importance to be enabled to discern its earliest approach, that by vigilance and decision it may be checked at the onset, and prevented from assuming a formidable character. It is with this view that the subjoined illustrations are brought forward, each case exhibiting some additional feature, which, if borne in mind, will tend to awaken suspicion, and induce the practitioner to fix the watchful eye of close attention on the first doubtful symptom.

These complaints, regarded as causes of obstructed circulation, must of course vary extremely in importance. The trunk of a vein, simply enlarged and varicose, will retard the circulation, by depriving the vessel of the assistance of its valves, and throwing the absolute weight of the entire column of blood against its free return to the heart. Where the blood is coagulated in a varix, the obstruction complete, the cavity of the vein is obliterated. In inflammation of a vein, it will be seen, that all degrees of obstruction to the flow of blood through the canal may arise; and also that where extensive effusion has rendered it a thick, hard cord beneath the skin, the induration has, under proper treatment, so entirely disappeared, as to demonstrate the prompt absorption of the effused matter from between its coats, and from its external cellular investment: but how far this active power of absorption may extend to the removal of fibrine deposited within the canal of a vein, may perhaps be considered somewhat doubtful, although in the progressive removal of the solid contents of the tumour, in the cure of aneurism, we might have demonstrative proof of active absorption in the coats of the artery.

Veins rendered Varicose by Pressure of the Gravid Uterus.—I examined and made a drawing of the varicose veins upon the limb of M. S., 35, during her pregnancy, the most enormous and extensive cluster I had ever seen. Very many branches and turns on the legs and thighs were larger than the finger. In some the dark blood was perceived through the skin, which was partially thinned by absorption. She complained much of aching and gnawing pains. I attempted to lessen the inconvenience by applying a bandage;

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but instead of relief, inducing aggravated suffering; it was laid aside.

A varicose vein, bursting externally, ought never to destroy life by hæmorrhage, and it has been said by a distinguished writer that it never does. But this occurrence, however rare, certainly may take place, as shown by the following case; although a soft compress, wetted with cold water and supported by a bandage, would have saved life and ensured the safety of the patient.

Varicose Hæmorrhage from a Vein in the Leg, fatal.—A. B., 19, a butcher's servant, at Walworth, long annoyed by varicose veins, while killing a pig was told that his own leg was bleeding. His companions anxiously, but ignorantly, tying a handkerchief tight above the knee, increased the hæmorrhage; and before a surgeon could be found, he in half an hour fainted and died.

Under peculiar states of constitution, irritation from pressure, fulness or injury, may induce inflammation in the veins. Such cases are neither rare, nor difficult of discrimination; but they require to be clearly determined, properly treated, and cautiously considered, seeing how seriously they sometimes terminate. In one case, where the affection had not been suspected, I found the left iliac veins entirely obliterated from inflammation, inducing coagulation of the contained blood, the consequence of irritation in the hip-joint. In others, I have frequently seen the veins of the arm inflamed, from irritation in the hand or fingers; the vein on the dorsum penis inflamed from gonorrhœa; and fatal inflammation from the puncture made in venesection. I have also seen inflammation of the femoral veins, with extensive infiltration of the cellular tissue and permanent contraction and rigidity of the muscles of the limb, the indirect effect of gonorrhœal irritation. The following are a few illustrative examples of inflammation in veins.

Inflamed Femoral Vein, from previous Inflammation of the Bowels.—W. B., 27, from cold, was seized with inflammation of the bowels, extreme tenderness and pain, fever, thirst, and costiveness. Under treatment, the attack subsided in about a month. Acute pain, with extreme tenderness, then suddenly came on in the left groin, extending down the inner part of the thigh. Leeches and fomentations relieved this attack, which was removed in a fortnight. She thought herself well, but after three weeks, had slight return of pain in the femoral vein, which, on examination, I found still indurated and tender, with painful œdema of the limb, from which she slowly recovered.

Inflammation of the Posterior Tibial Veins, on the Decline of Pneumonic Inflammation.—Mr. G., 32, under care of Mr. Love, was convalescent from an attack of inflammation in the lungs, when he complained of acute pain in the leg, in the course of the large vessels downward from the popliteal space behind the tibia, with total incapacity to stand upon the limb. The pulse was quick, skin hot, and tongue white, with thirst. Examining the leg, I found no external heat or tenderness, only an increase in the deep-seated pain on compressing the gastrocnemii.

The mercurial influence, promptly established by the blue pill with opium, aided by repeated leechings, fomentations, and abstinence, soon relieved and removed this complaint; so that, in three weeks, enabled again to place his leg to the ground without aggravation of the pain; in six weeks he was quite well.

Varicose Veins attacked with Gouty Inflammation.—J. P., 47, a postman, had been long subject to varicose veins and cramps in the left leg, on the back of which I found a cluster of very large varices, in some parts filled with coagula. All his life liable to uneasy and relaxed bowels. A troublesome diarrhœa checked by carminative and alkaline medicines, he the next day complained of pain in the left foot and ball of the great toe, with heat, redness, and swelling; the pain shooting violently up and down.

In a few days the medicine had much relieved the relaxation in the bowels and inflammation on the foot, but at the same time the cluster of varicose veins, above and below the knee, became excessively heated, inflamed, and painful, neither enduring the least pressure nor the slightest touch. It was clear the gouty action, suddenly shifting from the foot to the leg, had as suddenly seized upon the enlarged veins. In three or four days the affection shifted back, his foot again becoming tender, painful, and inflamed, and the veins on the leg in the same degree easier, and able to bear examination and pressure as well as ever.

Inflamed Veins from the Pressure of the Gravid Uterus.—Mrs. V., 30, had for several years, when pregnant, observed the veins in the left thigh become enlarged and uneasy, the affection disappearing after delivery. In the fifth month of pregnancy she felt unusual stiffness in the lower extremity, and perceived that the veins formerly swelled were now hard like cords, the principal (the femoral vein) presenting a firm ridge as thick as the finger for some extent down the thigh. An unusual degree of pain and tension about the belly, led her to ascertain a similar state of the veins upon the abdomen. I found the uneasiness and acute shooting pain so distressing, and so much aggravated by coughing or sneezing, that when out of the house she doubted being able to get home again. Pulse 100, low and small. Here was evidently inflammation of the femoral and hypogastric veins, from uterine pressure. V.S. ad ℥x., aperients, reserved diet, with a recumbent posture, for a week, gave entire relief. In a fortnight, all pain and stiffness gone, the enlarged and indurated veins were lessened to half their previous size, and she was soon perfectly recovered.

Inflamed Vein, with Abscess from Pressure of the Gravid Uterus.—E. F., 25, in the fourth month of pregnancy, had puffiness and aching pain about the right instep, in a few days extending up the inner side of the leg, with pain, redness, and swelling, the foot becoming easier. The inflammation in the course of the vein more painful in exercise, was eased by rest. In a fortnight the tumour had especially increased on the inner side of the knee. She also complained of pain and stiffness about the right side of the face in moving the jaws, but none in swallowing. The leg was fomented and poulticed.

By fomenting the face, she was in a week enabled to open her mouth a little more freely. The inflamed swelling near the knee, the size of a large walnut, broke, and discharged matter and venous blood, but the hardness remained; a smaller tumour lower down threatened to suppurate, but did not break. A few grains of calomel had acted on the mouth, and in three weeks the ulcerated abscess had healed, the tender, indurated ridge in the course of the vein had nearly subsided, and she was soon well.

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The above is further corroborated by PROFESSOR BRAND, of the Royal Institution; Dr. PARIS, Author of the Pharmacologia; Dr. COLLYER, Translator of the Pharmacopœia (see p. 23); and Mr. MORGAN, of Dublin, who also examined and reported on Sir James Murray's Compound.

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